

## Safe Communities Incentive Program Firm Application Form

YES, AS THE OWNER/SENIOR MANAGER\*, I WOULD LIKE TO APPLY AND PARTICIPATE IN THE SAFE COMMUNITIES INCENTIVE PROGRAM (SCIP)

<b>FULL LEGAL NAME:</b>			
<b>OPERATING / TRADE NAME:</b>			
<b>WSIB ACCOUNT NUMBER:</b>		<b>WSIB FIRM NUMBER:</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>ANNUAL WSIB PREMIUM:</b>	<b>NUMBER OF WORKERS:</b>	<b>LANGUAGE:</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	<b>BUSINESS ASSOCIATION (if applicable):</b>
<b>STREET ADDRESS</b>			<b>UNIT / SUITE NO.:</b>
<b>CITY/TOWN:</b>		<b>PROVINCE:</b>	<b>POSTAL CODE:</b>
<b>TELEPHONE NUMBER:</b>	<b>FAX NUMBER:</b>	<b>EMAIL ADDRESS:</b>	
<b>I WILL ATTEND TRAINING AT THE FOLLOWING LOCATION:</b>		<b>ADDITIONAL PARTICIPANT / TITLE:</b>	

**PLEASE RETURN THIS FORM BY FAX OR MAIL NO LATER THAN: March 31st, 2010**



**Hamilton Safe Communities Coalition**  
 P.O. Box 57128, Jackson Square  
 2 King Street West, Hamilton, Ont. L8P 4W9

**PHONE:** (519) 212-0930  
**FAX:** (519) 624-2845 Fax between 8:30 a.m. - 4:00 p.m.

### TERMS AND CONDITIONS OF PARTICIPATION:

1. The SCIP participant is the owner or senior manager\* of the company. (see definition below)
2. Employers applying to participate in SCIP must be a Schedule 1 firm paying less than \$90,000 in annual WSIB premiums.
3. Employer account must be in good standing with the WSIB.
4. Employer cannot be part of the WSIB Safety Groups program or a past SCIP participant.
5. Employer must attend and complete the "5 Steps to Managing Health and Safety" training course.
6. Employer must complete and submit the program requirements as defined.
7. If asked, employers must cooperate with WSIB spot checks. Employers selected for a spot check will be required to provide documentation to demonstrate that all 5 steps of the management system are in place.
8. Employers and their employees may be asked to participate in questionnaires, surveys or interviews as part of the SCIP evaluation.

**By signing I understand that my firm must meet the terms and conditions of participation. If my firm does not meet or complete the terms and conditions, we will not be eligible for the SCIP rebate.**

<b>PARTICIPANT NAME:</b>	<b>TITLE:</b>
<b>SIGNATURE:</b> X	<b>DATE (dd/mmm/yyyy):</b>

\* **Definition of senior manager:** The key decision-maker within the company who is responsible for approving the allocation of resources on behalf of the company (people, equipment, training, and materials).

*The WSIB reserves the right to cancel classes in locations where insufficient amount of applications are received.*