



Yes, as the owner/Senior Manager, I would like to apply on the behalf of my company to participate in the Safety Groups Program for 2007.

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|------------------------------|----------------------|--|---|
| Firm Information: | | | |
| Firm (full name): | | | |
| Parent Company (if any): | | | |
| WSIB Account Number: | | WSIB Firm Number(s): | |
| Annual WSIB Premium: | Number of Employees: | Union <input type="checkbox"/> yes <input type="checkbox"/> no | If "yes", state Union name. |
| Address: | | City/Town: | Province: Postal Code: |
| Telephone Number: () | FAX Number: () | E-mail Address | |
| Contact Name (please print): | | | Language: <input type="checkbox"/> English <input type="checkbox"/> French |
| Title: | | | |
| Signature: | | Date (dd/mmm/yyyy) | |
| Safety Group Sponsor: | | Indicate the year(s) in the program. <input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 | |

Please forward to the Safety Groups Sponsor of the group you are joining.

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|--|-------------------------------|--------------------|
| Financial Information Disclosure: | | |
| <p>We authorize the Workplace Safety & Insurance Board (WSIB) to disclose to the "Safety Group Sponsor" all financial information required for the administration of a Safety Group. This information would include files regarding;</p> <ul style="list-style-type: none"> • Our premiums, classification, experience rating and claims costs. <p>This authorization is valid for a minimum of 12 months from the date of this application or to the following date of</p> <p><i>(Written notice to the Prevention Services Branch of the WSIB is required to cancel this agreement)</i></p> | | |
| Signature: | Title (Owner/senior manager): | Date (dd/mmm/yyyy) |

SAFETY GROUPS PROGRAM

Terms and Conditions of Participation

- 1.** Employers must submit their application form to their sponsor by December 31, 2006.
- 2.** Applicants to the Safety Groups Program must participate for at least one calendar year.
- 3.** Employers applying to participate in the Safety Groups Program must be a schedule 1 employer with the WSIB and be in good standing. Participating firms are required to complete the WSIB's "Compliance Audit for Employers" to confirm their good standing.
- 4.** Employers can participate in only one Safety Group at a time and cannot participate in the Safe Communities Incentive Program.
- 5.** Employers participating in the Safety Groups Program are required to complete at least 5 elements from the Achievement List as set out in the program guidelines. Employers must successfully complete a minimum of 3 elements to share in any potential rebate. For an element to be considered complete, all five steps of the management system have to be in place and documented.
- 6.** Employers must complete a baseline assessment of their workplace to identify their current prevention programs strengths and weaknesses. They will use this information to select their Achievement List Elements and develop their action plan.
- 7.** Employers must participate in a workplace assessment at the end of the year. Employer's are required to complete the Year-end Achievement Report by December 15. The year-end assessment can act as a baseline assessment for the next year in the program should they continue in the program.
- 8.** Employers must appoint a Safety Groups Coordinator to fulfill the administrative activities required as a participant in the Safety Groups Program. Should the person appointed change during the year, the WSIB should be advised.
- 9.** Employers must attend and participate in at least three Safety Groups meetings/workshops per year as organized by the Safety Group Sponsor.
- 10.** Employers must participate in networking activities with other group members.
- 11.** If asked, employers must cooperate with WSIB mid-year progress visits, and spot-checks as part of the evaluation process. Employers selected for a spot check will be required to provide documentation to demonstrate what they reported to the WSIB.
- 12.** Employers must maintain regular contact with their Safety Group Sponsor.
- 13.** Employers and their employees may be asked to participate in questionnaires, surveys or interviews as part of the ongoing Safety Groups Program evaluation.

Signature

Title (Owner/senior manager)

Date (dd/mmm/yyyy)