

**Safe Communities Incentive Program
Fall 2010 Firm Application Form**



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

FULL LEGAL NAME:			
OPERATING / TRADE NAME:			
WSIB ACCOUNT NUMBER:		WSIB FIRM NUMBER:	
DO YOU HAVE OTHER WSIB ACCOUNT NUMBERS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ANNUAL WSIB PREMIUM:	NUMBER OF WORKERS:	LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	BUSINESS ASSOCIATION (if applicable):
STREET ADDRESS			UNIT / SUITE NO.:
CITY/TOWN:		PROVINCE:	POSTAL CODE:
TELEPHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	
Training Dates Time & Location: (4x4hr = 16hrs)		ADDITIONAL PARTICIPANT / TITLE:	
November 9, 16, 23 & 30 from 8:30am - 12:30pm 265 Cannifton Road, Wally Dever Arena, Belleville, ON			

ATTENTION: Lyn Knell FAX: 1-877-729-2739
 Bay of Quinte Safe Communities
 116 Pinnacle Street, Suite 200
 Belleville, ON K8N 3A4
 Ph:(613)-967-4693;
 Email: bayofquinte@safecommunities.ca
 Web Site: www.bayofquinte.safecommunities.ca

RETURN BY FAX, MAIL or EMAIL by: October 29, 2010

- Cost:**
- \$ 250 for firms paying up to \$10,000 in WSIB premiums, or
 - Over \$10,000 in WSIB premiums - 2.5 % of premiums to a maximum of \$500

TERMS AND CONDITIONS OF PARTICIPATION:

1. The SCIP participant is the owner or senior manager*. (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 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. Employers selected for a spot check will be required to demonstrate 5 steps of the management system are implemented. Employers must cooperate with WSIB spot checks.
8. Employers/employees may be asked to participate in questionnaires, surveys or interviews as part of the SCIP evaluation.
9. An employer who experiences a traumatic fatality while participating in SCIP will be not be eligible for the SCIP Rebate.

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.

PARTICIPANT NAME:	TITLE:
SIGNATURE:	DATE:

* **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 where insufficient of applications are received.

