

Form C (English)
CSST - INDUSTRIAL ACCIDENT COVERAGE FOR STUDENTS

This form must be fully completed for all students performing non-remunerated stages/internships outside the University as part of their course curriculum.

PLEASE READ: It is imperative that the student have or should acquire personal health insurance coverage (medical, dental, dismemberment, death) prior to commencing this stage/internship. In the event of a work related injury sustained while engaged in activities related to this non-remunerated stage/internship, any incurred expenses not normally covered by Quebec Medicare must be assumed by the student's private insurance plan, or in the absence of such a plan, the student herself or himself. Students may be covered as part of a family or a partner's plan. Concordia University Student Union health plans (<http://ihaveaplan.ca>) and Blue Cross (<http://www.bluecross.com>) are possible options for obtaining individual health insurance coverage.

STUDENT INFORMATION: **STUDENT ID #:** _____

Mr. / Ms. (Please circle one)

FAMILY NAME: _____ **FIRST NAME:** _____

ADDRESS: _____
(Civic Number) (Street) (Apt No.) (City) (Postal Code)

TELEPHONE NUMBER(S): Work: _____ Home: _____

E-MAIL ADDRESS: _____

HEALTH INSURANCE PLAN INFORMATION: _____
(Insurance Company)

(Full Name of Insured – if covered by another person's plan) (Policy No.) (Certificate No.)

CONTACT PERSON IN CASE OF ACCIDENT OR INJURY:

NAME: _____

ADDRESS: _____
(Civic Number) (Street) (Apt No.) (City) (Postal Code)

TELEPHONE NUMBER: _____

UNIVERSITY CONTACT PERSON: (Professor, Placement Officer, etc.)

NAME: _____ **TITLE:** _____

DEPARTMENT: _____

INTERNAL ADDRESS: _____ **TELEPHONE NUMBER:** _____

CONCORDIA UNIVERSITY – APPLIED HUMAN SCIENCES DEPARTMENT

7141 Sherbrooke Street West – Room VE-223.04 – Montreal, Quebec H4B 1R6
Telephone: (514) 848-2424 extension 3330 or 2260 (information) Fax: (514) 848-2262
Website: <http://ahsc.concordia.ca>

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This form must be fully completed for all students performing non-remunerated stages/internships outside the University as part of their course curriculum.

COURSE INFORMATION: Name of Course (i.e. AHSC): _____ Term _____ Section _____

Description of Assignment: _____

COMPANY OR ORGANIZATION WHERE YOU WILL BE PERFORMING STAGE/INTERNSHIP:

NAME OF COMPANY OR ORGANIZATION: _____

DEPARTMENT: _____

ADDRESS: _____
(Number) (Street) (Room No.) (City) (Postal Code)

NAME OF CONTACT PERSON: (Mr./Ms.) _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

IMPORTANT: By signing below, you, the representative of the company/organization confirm your company's/organization's agreement that this student work at your company/organization without remuneration in order to fulfil his or her course assignment as set out below.

JOB INFORMATION:

Brief Description: _____

Length of Assignment - From: _____ To: _____
month/year month/year

The undersigned has understood and completed all sections of this form in full.

Student's Signature

Date

Company's/Organization's Authorized Representative - Signature

Date

Please return this form to your Professor or Placement Officer.
Thank you for your cooperation.

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