

# 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.*

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**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.)

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**CONTACT PERSON IN CASE OF ACCIDENT OR INJURY:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(Civic Number) (Street) (Apt No.) (City) (Postal Code)

**TELEPHONE NUMBER:** \_\_\_\_\_

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

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**INTERNAL ADDRESS:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

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**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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**COURSE INFORMATION:** Name of Course (i.e. AHSC): \_\_\_\_\_ Term \_\_\_\_\_ Section \_\_\_\_\_

Description of Assignment: \_\_\_\_\_

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**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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