

Form to Enroll Students into Concordia University's CNESST Plan

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

Full Name: _____

Full Address: _____

Telephone #: _____

Email address: _____

Social Insurance #: _____

Medicare #: _____

Concordia Student ID #: _____

Academic Program Name: _____

Emergency Contact

Full Name: _____

Address: _____

Telephone #: _____

Email address: _____

Relation: _____

University Contact (Professor, Internship Coordinator, Etc.)

Full Name: _____

Department Name: _____

Title/Position: _____

Internal Add/Office #: _____

Telephone #: _____

Email address: _____

COURSE INFORMATION

Course Name: _____

Course #: _____

Description of Assignment: _____

HOST ORGANIZATION INFORMATION

Organization Name: _____

Department: _____

Address: _____

Supervisor/On-Site Contact

Full Name: _____

Title/Position: _____

Telephone #: _____

Email address: _____

INTERNSHIP DETAILS

Brief Description of Duties: _____

Length of Assignment (Ex. 6 mos) _____

Start Date: _____

End Date: _____

Please make sure that all the questions are answered and that all the information is complete. The undersigned has understood and completed the application.

Student's Signature: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Please return the attached form to your Professor or Internship Coordinator. Thank you for your cooperation.