

**APPLICATION FOR INDUSTRIAL ACCIDENT COVERAGE FOR STUDENTS
PERFORMING NON-REMUNERATED STAGES/INTERNSHIPS
OUTSIDE THE UNIVERSITY AS PART OF THEIR
COURSES CURRICULUM**

STUDENT INFORMATION:

Mr./Ms. (Please circle one)

FAMILY NAME: _____

NAME: _____

ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE NUMBER: Work: _____

Home: _____

SOCIAL INSURANCE NO: _____

QUEBEC MEDICARE NO: _____

OR OTHER (SPECIFY): _____

STUDENT I. D. NUMBER: _____

CONTACT PERSON IN CASE OF ACCIDENT OR INJURY:

NAME: _____

ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE NUMBER: _____

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

NAME: _____ TITLE: _____

DEPARTMENT: _____

INTERNAL ADDRESS: _____ TELEPHONE NUMBER: _____

(SEE REVERSE)

COURSE INFORMATION:

Name of Course: _____

Description of Assignment: _____

COMPANY OR ORGANIZATION WHERE YOU WILL BE PERFORMING STAGE/INTERNSHIP

NAME OF COMPANY OR ORGANIZATION: _____

DEPARTMENT: _____

ADDRESS: _____

_____ POSTAL CODE: _____

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

TELEPHONE NUMBER: _____

FAX NUMBER: _____

JOB INFORMATION

Brief Description: _____

Length of Assignment: _____

From: _____ To: _____

month/year

month/year

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

Please return the attached form to your Professor or Placement Officer.

Thank you for your cooperation.