

This form must be completed by the Placement Employer/Training Supervisor and the Student Trainee.

Placement Employer the organization where the Student Trainee is placement
Training Supervisor the name of the supervisor/preceptor responsible for the Student Trainee

Health, Safety & Well-Being
Completed forms to your supervisor

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Last Name:

First Name:

Home Address (number, street, apt., suite, unit):

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1. Please choose one of the following indicators. After the day of the accident/incident/awareness of illness, this Student Trainee:

Returned to their regular placement and has not lost any time.

Returned to modified work and has not lost any time

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