

# COR™ APPLICATION FORM

Infrastructure Health & Safety Association

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## APPLICANT INFORMATION

Company Name \_\_\_\_\_

Owner/Senior Manager \_\_\_\_\_

WSIB firm # \_\_\_\_\_ Account # \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## PREREQUISITES

Please confirm that you have the following prerequisites (i.e., proof of training).

### Senior Manager

\_\_\_\_\_

COR™ Essentials

### One Permanent Full-time Employee

\_\_\_\_\_

COR™ Essentials

Basic Auditing Principles

COR™ Internal Auditor

Construction Health & Safety Representative

Principles of Effective Training

## CONTACT PERSON

I, \_\_\_\_\_ will be the primary contact for working with IHSA in the COR™ Program.

## TERMS AND CONDITIONS OF PARTICIPATION

1. Employers applying to the COR™ program agree to have their company name published on the IHSA website as an applicant to the COR™ program, as progressing to completing the COR™ program, and as having achieved the COR™ certification.
2. Employers must appoint a COR™ Coordinator (one permanent full-time person) to fulfill the administrative activities required. Should the person appointed change during the year, IHSA should be advised.
3. Employers agree to adhere to the IHSA COR™ program requirements as outlined in the Employer Guidelines.

## PARTICIPANT'S CONSENT

I hereby agree to allow the Infrastructure Health & Safety Association (IHSA) to collect, store, and use my name, address, and purchase information in accordance with IHSA's Privacy Policy. I understand that if the personal information compiled by IHSA is incorrect, IHSA will correct the information upon my request and provide me with confirmation. I further understand that if I am not satisfied with the manner in which IHSA handles my personal information, I may contact the Privacy Commissioner for the Province of Ontario.



Signature \_\_\_\_\_ Date \_\_\_\_\_