

Complete Application Information

New Application  Revised Application

## STEP 1

### APPLICANT INFORMATION

Legal Name \_\_\_\_\_ Trade Name \_\_\_\_\_

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

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

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

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

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

**Note: An employer can register before taking required training. There is no time limit for completing Step 1 to submitting Internal Audit.**

## STEP 2

### Senior Manager

Name \_\_\_\_\_

Email \_\_\_\_\_

Check course completed:

COR™ Essentials

### Permanent Full-time Employee assigned as Internal Auditor (4 mandatory courses)

Name \_\_\_\_\_

Email \_\_\_\_\_

Check all courses completed:

COR™ Essentials

COR™ Internal Auditor

Basic Auditing Principles

Introduction to Hazard and Risk Management

## STEP 3

Submit Internal Audit for review by IHSA.

### 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.

Senior Manager Signature \_\_\_\_\_ Date \_\_\_\_\_