

WSPS Health and Safety Excellence program

APPLICATION FOR MICRO BUSINESSES

Submit electronic application to: excellenceprogram@wsps.ca

Firm (full name):

Parent Company (if any):

WSIB Account Number*:	How many locations are covered by this WSIB Account Number?*	Predicability Level (if known): <input type="checkbox"/> LOW (equal to or less than 20%) <input type="checkbox"/> HIGH (greater than 20%)
Annual WSIB Premiums:	Number of Employees:	

Address:

City/Town:	Province:	Postal Code:
Contact Name (please print):	Contact Title:	
Telephone Number:	Email Address:	

* Firms are required to implement all chosen topics at every location covered by the account.

Registration Fees

Prices are per WSIB account number. Complete one application for each WSIB account number. Registration fees are based on the amount of premiums a firm paid in the prior year. Please check off the appropriate fee category, based on your premium amounts.

Micro Business Businesses under six employees **\$49 +HST**

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Payment Methods:

- Cheque (made payable to Workplace Safety & Prevention Services)
- P.O. # _____ Invoice (approved credit only)
- Credit Card*

Contact Name: _____ Telephone #: _____

*If you would like to pay by credit card, please provide a contact name and telephone number.
A WSPS representative will call to obtain your credit card information.

All applications received will be reviewed by WSPS and you will be notified once your application has been accepted. All fees are non-refundable once activation of the WSIB digital platform occurs, if a firm chooses to leave the program, or if a firm is removed as a result of non conformance to the code of conduct or WSIB employer guidelines. There will be no recognition given to firms who leave or are removed from the program.

Included in your Registration Fee:

- Orientation meetings and topic sessions facilitated by Health and Safety professionals
- One-on-one guidance from a WSPS representative through the program cycle
- Access to the members website with a variety of tools and resources
- One site visit prior to evidence submission to the WSIB
- Excellence program members and their employees are entitled to receive a 10% discount on selected courses, conferences, workshops and consulting services

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Terms and Conditions of Participation

1. Employers must submit a completed application to WSPS to be registered into the Excellence program.
 2. Employers applying to participate in the Excellence program must have an active account in good standing with WSIB. An employer that experiences a traumatic fatality will be disqualified during that year from participating in the rebate.
 3. Employers can only register with one Program Provider, and cannot switch during their 12 month cycle, unless approved by WSIB.
 4. Employers participating in the Excellence program are required to select one to five topics annually from the 36 topics, as set out in the program guidelines.
 5. Employers must complete a needs assessment the first year they participate in the Excellence program; completion in subsequent years is voluntary.
 6. Employers are required to submit evidence to demonstrate they have implemented their chosen topic(s) within 11 months of submission of action plan.
 7. Employers must maintain a point of contact with WSPS. If there are any changes, WSPS must be notified.
 8. Employers are encouraged to participate in networking activities with other group members.
 9. All evidence submitted by the employer will be reviewed by WSIB, with some employers being selected for an on site validation. If selected, employers must allow WSIB access to all locations under the account number.
 10. An employer who declines to participate in an on site validation will not receive any recognition; financial or non-financial.
 11. Employers will only be validated on the topics that evidence is submitted for; if topics are being dropped, the employer must notify WSPS.
 12. Employers and their employees may be asked to participate in questionnaires or surveys as part of the ongoing Health and Safety Excellence program evaluation.
 13. Employers are required to adhere to the Excellence program requirements as outlined in the program guidelines, current edition.
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Company Name: _____

Owner/Senior Manager Name: _____

Title: _____

Email: _____

*Signature: _____ Date: _____

**Typed name is equivalent to signature.*