**Template Form to Enroll Students into Concordia University’s CNESST Plan**

**STUDENT INFORMATION**

Full Name:

Full Address:

Telephone #:

Email address:

Social Insurance #:

Medicare #:

Concordia Student ID #:

Academic Program Name:

**Emergency Contact**

Full Name:

Address:

Telephone #:

Email address:

Relation:

**University Contact (Professor, Internship Coordinator, Etc.)**

Full Name:

Department Name:

Title/Position:

Internal Address/Office Number:

Telephone #:

Email address:

**COURSE INFORMATION**

Course Name:

Course #:

Description of Assignment:

**HOST ORGANIZATION INFORMATION**

Organization Name:

Department:

Address:

Supervisor/On-Site Contact

Full Name:

Title/Position:

Telephone #:

Email address:

**INTERNSHIP DETAILS**

Brief Description of Duties:

Length of Assignment (Ex. 6 months):

Start Date:

End Date:

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 Internship Coordinator.

Thank you for your cooperation.