

Workplace Culture Maturity Awards Application

Please email this completed form to customercare@workplacesafetynorth.ca, noting 'WSN Awards' in the subject line, between January 30 and October 31.

1.	Application Date		
2.	Organization/Firm Name and Address		
3.	Site (if applicable, to determine scope)		
4.	Organization/Firm Management Contact*	4A. Name	
		4B. Position	
		4C. Email	
		4D. Tel	
*Statement of attestation for management contact: I certify that our organization/site has not experienced a traumatic fatality within the last year prior to the award application year, nor are we awaiting a decision regarding a traumatic workplace fatality, under the Occupational Health and Safety Act or sector regulation.		Signature of management designate (*typed name constitutes signature of designate)	
5.	**Worker JHSC member/ Worker Rep or Worker (if less than 5 FTE) who will be coordinating or administering the CAAT climate assessment.	5A. Name	
		5B. Position	
		5C. Email	
		5D. Tel	
**Statement of attestation for worker: I certify that I will be coordinating and/or administering the climate assessment.		Signature of worker designate*	
6.	WSIB Firm Number		
7.	Sector:		
8.	Climate Assessment Type:	<input type="checkbox"/> Electronic	<input type="checkbox"/> Hardcopy
9.	Firm Size: please provide the TOTAL number of people for each on-site	8A. Senior leaders	
		8B. Middle Managers	
		8C. Supervisors	
		8D. Workers	
		8E. Contractors	

Once your e-mailed application is received, you can expect to hear from a WSN Health and Safety Specialist within five business days.

Thank you for your application!