

Fax or mail completed form to above address
 Attn: **WorkplaceNL connect**

Contact Name		
Trade name (if applicable)		
E-mail	Phone	Fax
Mailing address		
City/town	Province	Postal code

This form is for independent health care providers who are not registered employers.

Are you an employer already registered with WorkplaceNL?

If so, this form is not for you. Please complete the *WorkplaceNL connect Application for Employers* located on our website www.workplaceni.ca under forms. If you are not a registered employer, please review the following as the *Workplace Health, Safety and Compensation Act* requires all employers performing work in Newfoundland and Labrador (NL) to register with WorkplaceNL.

- ▶ An employer is a person or entity engaged in business employing workers or subcontracting work in NL. All incorporated entities operating in NL must register.
- ▶ Workers include full-time, part-time and casual workers and directors of incorporated companies. Coverage is mandatory for all workers, including the owners, directors, or managers, even if the owner or director is the only worker.
- ▶ Registration is required where a business subcontracts work in NL, even if the business has no workers.
- ▶ A non-incorporated entity is not required to register if the only workers are the proprietor or partners. They must register when they hire workers or subcontract work.

If you meet these requirements, contact us to register as an employer to use **connect** at 709-778-1291 or toll-free 1-800-563-9000. If you are not an employer, complete this form to set up your **connect** account.

Connect terms of use

By signing this form you agree to manage the access rights to your **connect** web services (creating user accounts, assigning/revoking privileges, etc.). There may be legal implications to you arising from any access, use, dissemination and/or disclosure of the information in **connect** in a manner contrary to federal and provincial privacy laws by authorized users. There may also be legal implications for any unauthorized or improper access to **connect**. Ensure you are familiar with the Terms of Use and your obligations discussed therein with respect to privacy and confidentiality and creating additional users.

Signature and acknowledgement

I have read the above. By signing this form, I am accepting the Terms of Use of connect and I am also acknowledging that I am not an employer under <i>the Workplace Health, Safety and Compensation Act</i> .	
Signature _____	Date _____

Privileges of use of the system may be terminated and other action may be taken against you in the event you or any user authorized by you fails to adhere to the policies, procedures, and practices of WorkplaceNL regarding use of **connect**.

WorkplaceNL USE ONLY
