

**Student Declaration of Understanding**  
**Workplace Safety and Insurance Board or Private Insurance Coverage**  
**Students on Program Related Placements**

**Student coverage while on placement**

The government of Ontario, through the Ministry of Training, Colleges and Universities (MTCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are required by their program of study.

MTCU also provides private insurance through ACE-INA to students should their unpaid placement required by their program of study take place with an employer who is not covered under the *Workplace Safety and Insurance Act* and limited private insurance coverage in Ontario publicly supported postsecondary programs whose placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the CUSA/GSA Student Health & Dental Plan or other group insurance.

Please be advised that Carleton University will be required to disclose personal information relating to the unpaid work placement and any WSIB or ACE-INA claim to MTCU.

This Agreement must be completed prior to the commencement of the work placement and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions.

**Declaration**

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Training, Colleges and Universities while I am on a placement as arranged by the university as a requirement of my program of study.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and Carleton University Program Placement Coordinator. An MTCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed.

I understand the implications and have had any questions answered to my satisfaction.

Student name (print): \_\_\_\_\_ Student signature: \_\_\_\_\_

Program/ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Visa Student:  Yes  No

Total Number of Placement Hours: \_\_\_\_\_ Organization: \_\_\_\_\_

Parent/Legal Guardian's Signature (for student less than 18 years of age)

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Distribution**

A copy with the original signature is to be returned to Carleton University (originating department) prior to the commencement of the work/education placement, and a copy is to be kept by the originating Carleton department.