

## **Letter to Placement Employers Process for Workplace Insurance for Post-Secondary Students on Unpaid Work Placements**

**Note: Prior to the start of the unpaid placement:** Placement Employers must return a signed copy of this to the student, who will return it to their departmental coordinator/administrator at Carleton University prior to the commencement of the unpaid work/education placement. A copy is to be kept by the placement employer.

The Ontario Ministry of Colleges and Universities provides WSIB coverage for Student Trainees enrolled in an approved program at Carleton University and participating in unpaid work placements with employers who have WSIB coverage.

For placement employers without WSIB coverage, the Ministry provides private insurance for Student Trainees.

Carleton University has also arranged for private insurance coverage for students who attend placement opportunities that are not covered under either WSIB or Ministry's private insurance plan.

### **Declaration**

By signature of an authorized representative, the Placement Employer hereby agrees to the following:

That they will immediately report to the Office of Risk Management at Carleton University at [risk@carleton.ca](mailto:risk@carleton.ca) or 613-520-2600 x 4000 and the departmental coordinator any workplace injury or disease involving a student on an unpaid work placement and:

- Where the Placement Employer is covered by the WSIB, the Placement Employer will comply with all WSIB reporting procedures.
- If the Placement Employer is not covered by the WSIB, then it will comply with the Ministry's private insurer's reporting procedures found in the Ministry's "Guidelines for Workplace Insurance for Post-Secondary Students of Publicly Assisted Institutions on Unpaid Work Placements" at: <http://www.tcu.gov.on.ca/pepg/publications/placement.html>

When the Placement Employer is covered under the Workplace Safety and Insurance Act, a **Form 7** and a **Letter of Authorization to Represent the Placement Employer** will be completed and submitted to Human Resources, WSIB Program Administrator at Carleton University at [humanresources@carleton.ca](mailto:humanresources@carleton.ca) within three days of learning of a work-related accident.

The Placement Employer agrees that it will provide the Student Trainee with health and safety training and take appropriate precautions to ensure that the Student Trainee is supervised in order to protect the Student Trainee from health and safety hazards that may be encountered at the placement organization, as required under the Occupational Health and Safety Act.

In the event of a claim, the Placement Employer agrees that it will review the Student Trainee's restrictions and, where possible, modify the program as required in order to accommodate the Student Trainee to facilitate return to the program.

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<b>Student Name:</b>			
<b>Student ID Number:</b>		<b>Carleton Course Number (ex: CHEM1001A):</b>	
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		<b>Degree/Department (ex: BA/Chemistry):</b>	
<b>Employer's organization is covered under the Workplace Safety &amp; Insurance Board?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Estimated number of placement hours:</b>		<b>Organization:</b>	
<b>Start Date:</b>		<b>End Date:</b>	
<b>Name of Organization Supervisor:</b>			
<b>Organization Supervisor Signature:</b>			
<b>Date:</b>			

In the event of any workplace injury or disease claims involving a Student Trainee or for additional information please immediately contact the Office of Risk Management at Carleton University ([risk@carleton.ca](mailto:risk@carleton.ca) or 613-520-2600 x 4000) and the departmental coordinator/administrator.

**Distribution:**

**Carleton University Departmental Coordinators/Administrators:** (Copies of this document to be provided to Office of Risk Management and kept by student's Academic Department with a copy sent to Registrar's Office, 300 Tory Building or [registrar@carleton.ca](mailto:registrar@carleton.ca) to form part of the Official Student Record)

<i>Departmental Coordinators: Sign and Date Upon Receipt:</i>
<i>Copy of Document (for student file) to Registrar's Office, 300 Tory Building or registrar@carleton.ca: Sign and Date Upon Receipt</i>
<i>Additional remarks:</i>

**For any questions regarding this form, please contact the Office of Risk Management at Carleton University at [risk@carleton.ca](mailto:risk@carleton.ca) or 613-520-2600 x 4000.**