

Student Attestation Form for Placements

Summary Profile

Student Name:

Student Number:

Unit/Department:

University Representative:

Placement Organization:

Placement Term:

Placement Start Date:

Placement End Date:

Instructions

This form must be completed and signed by the appropriate University Representative, the key contact at the Placement Organization, the Student and their Healthcare Provider (as applicable to medical requirements) to confirm the completion of the Placement requirements.

For each Student Placement, specific requirements may differ and are generally outlined in Placement Agreements. As such, specific requirements must be coordinated by the University Representative and the key contact at the Placement Organization. We highly recommend starting this process at least eight weeks in advance of the Placement start-date to allow the Student time to complete the requirements and organize the necessary documents.

Students are required to keep proof of meeting the Placement requirements, including all required documentation, and ensure they are available in the event that the Placement Organization requires proof of completion or to review them.

Section 1. Medical Requirements: Screening and Vaccination) to be completed by the University Representative (**orange**), key contact at Placement Organization, Student's Healthcare provider (**blue**) and Student (**purple**).

Section 2. Non-Medical Requirements: to be completed by the University Representative, key contact at Placement Organization and Student.

Section 3. Mandatory Training: to be completed by the University Representative, key contact at Placement Organization and Student.

Section 4. Other Details/Requirements/Instructions: to be completed by the University Representative, key contact at Placement Organization and Student.

Section 5. Declarations: to be completed by the University Representative, key contact at Placement Organization and Student.

1. Medical Requirements - Screening and Vaccination

Below is a list of possible screening and vaccination requirements.

Students: Please review your immunization status from your childhood and/or home country. Have your documentation readily available for the healthcare provider who is providing the attestation. If there are known allergies to any vaccinations or previous Tuberculosis infection and/or antibodies, please discuss this with your Healthcare Provider.

Requirements	Who fills this out?			
	University Representative	Healthcare Provider	Student	
Screening/Vaccination and Proof	Is this required by the Placement Organization?	When does it need to be completed?	I confirm that the student meets this requirement.	I confirm that I have completed this requirement.
Tuberculosis (Mantoux two-step or chest x-ray)		Date:	Initials:	
Measles, Mumps, Rubella (MMR Titres or documented vaccination)		Date:	Initials:	
Hepatitis A, B (Hepatitis Titres or documented vaccination)	A: B:	Date:	Initials:	
Polio (Proof of vaccination)		Date:	Initials:	
Chicken Pox (Varicella Titres or documented vaccination)		Date:	Initials:	
Acellular pertussis vaccine (Proof of vaccination)		Date:	Initials:	
Tetanus (Proof of vaccination)		Date:	Initials:	
Influenza/Flu Shot (Proof of vaccination for current year)		Date:	Initials:	
COVID-19 vaccine (Double Vaccinated)		Date:	Initials:	
Other:		Date:	Initials:	

Healthcare Provider Attestation for Screening and Vaccination

I, _____, attest that the student meets all the screening and vaccination requirements checked above.

Signature: _____

Date:

2. Non-Medical Requirements

Requirements	Who fills this out?			
	University Representative			Student
Non-Medical Requirements	Is this required by the Placement Organization?	When does it need to be completed?	Other instructions	I confirm that I have completed this requirement.
Criminal Record Check		Date:	Inform the student that they are required to include a letter from the Placement Organization stating which level is required when they submit their application to their local police service of jurisdiction.	
	Level required:			
Mask Fit Testing		Date:	Keep certificate for auditing purposes.	Mask type:
	Mask type(s):			Expiry date:
Confidentiality/Privacy Agreement		Date:	Provide signed document to Placement Organization.	
Government Security Clearance		Date:	Provide signed document to Placement Organization.	
Intellectual Property Agreement		Date:	Provide signed document to Placement Organization.	
Photo ID		Date:	Instruct student to provide photo to Placement Organization.	

3. Mandatory Training

Requirements	Who fills this out?			
	University Representative			Student
Self-Directed Training	Is this required by the Placement Organization?	When does it need to be completed?	Other instructions	I confirm that I have completed this requirement.
First Aid		Date:	Instruct student to keep certificate for auditing purposes.	
	Type required:			Expiry date:
Non-Violent Crisis Intervention Training		Date:	Instruct student to keep certificate for auditing purposes.	
	Type required:			Expiry date:
Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Training (TCPS 2)		Date:	Provide certificate to Placement Organization.	Expiry date:
The First Nations Principles of OCAP (Ownership, Control, Access, Possession) Training®		Date:		Expiry date:

The following training requirements may differ depending on the Placement. Please consult with your University Representative (e.g., faculty member, coordinator) and key contact(s) at Placement Organization to obtain the list of training required for your Placement.

Mandatory Training to be completed through the Placement Organization

You may be required to complete training prior to or at the beginning of your Placement. Please ensure you complete the appropriate training(s).

Statement	Who fills this out?
	University Representative instruction
Is training through the Placement Organization required?	
Training details:	
Statement	Student Attestation
I confirm I have completed all 'pre-Placement' training required for my Placement.	
I confirm I will complete any 'additional' training required to support my Placement (e.g., training that may occur while on Placement).	

Mandatory Training to be completed through Carleton University

As directed by your University Representative (e.g., faculty member, coordinator), you may be required to complete in-house training prior to commencement or at the beginning of your Placement.

Statement	Who fills this out?
	University Representative instruction
Is training through Carleton required (e.g., through my unit/department, Carleton's Environmental Health and Safety Office)?	
Training details:	
Statement	Student Attestation
I confirm I have completed all 'pre-Placement' training required for my Placement.	
I confirm I will complete any 'additional' training required to support my Placement (e.g., training that may occur while on Placement).	

4. Other Details/Requirements/Instructions

5. Declarations

Placement Organization Confirmation of Requirements

I, _____, at _____ confirm that the list of specific requirements noted above for this student Placement are accurate.

Signature: _____ Date: _____

Student Declaration and Agreement

I hereby declare that I understand the requirements for my Placement. By completing this declaration, I release Carleton University from any claims or liability resulting from any fraudulent or misrepresented statements on this form.

I consent that this form and my personal information in the form may be disclosed to the Placement organization.

I agree that I will promptly inform my University Representative of any concerns related to the Placement requirements, as they arise.

I agree that I will promptly inform the Placement Organization of any concerns related to the Placement requirements. If these concerns are not resolved, I will contact my University Representative and notify them of any unresolved concerns.

Student Name:	Date:
Student ID #:	Course Number as Applicable (E.g., CHEM 1001A):
Undergraduate Graduate	Degree/Department (E.g., Bachelor of Arts in Psychology):
Placement Organization:	Placement Organization Supervisor:
Estimated Number of Placement Hours (as applicable):	Student Signature:

Personal information collected through this form will be used and disclosed by Carleton University under the authority of the Carleton University Act, 1952, and in accordance with sections 39, 41 and 42 of Ontario's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the processing of personal information by Carleton University, please contact the Manager, Privacy & Access to Information, by phone at 613-520-2600 ext. 2047 or by e-mail via University_Privacy_Office@carleton.ca.

In the event of any workplace injury or disease claims involving a Student Trainee or for additional information, please immediately contact the department of Risk and Insurance at Carleton University (Risk@Carleton.ca or 613-520-2600) and the University Representative.

University Representative Confirmation & Distribution

Carleton University Representative: A copy of this document is to be kept by the University Representative responsible for coordinating the student's Placement:

University Representative(s): Sign and date when completed by student.

Signature:

Date:

Copy of Document saved by University Representative. Sign and Date Upon Receipt.

Signature:

Date:

Additional Remarks:

Please provide the Placement organization with a copy of this document.

For any questions regarding this form, please contact the department of Risk and Insurance at Carleton University at Risk@Carleton.ca and the Office of Academic Programs and Strategic Initiatives at apsi@cunet.carleton.ca.