

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

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

Carleton University has arranged for private work place accident insurance coverage for students who attend unpaid international placement opportunities.

Declaration

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

That it will immediately report to The Office of Risk Management, at Carleton University at risk@carleton.ca or 613-520-2600, ext.3000 and the departmental co-ordinator any workplace injury or disease involving a student on an unpaid work placement and:

- The Placement Partner agrees to co-operate with Carleton University and its insurance provider on any claim(s).

The Placement Partner 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.

In the event of a claim, the Placement Partner 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.

Student Name:	Date:
Student ID Number:	Carleton Course Number: Degree/Department:
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
Organization:	Name of Supervisor:
Estimated number of placement hours:	Date and Signature:

In the event of any workplace injury or disease claims involving a Student Trainee please immediately contact The Office of Risk Management, at Carleton University at risk@carleton.ca or 613-520-2600, ext.3000 and the student's departmental co-ordinator.

Distribution:

Carleton University Departmental Administrators: *(Copy of this document to be kept by student's Academic Department and a copy sent to Registrar's Office)*

Departmental Co-ordinators:: Sign and Date Upon Receipt:

Copy of Document (for student file) to Registrar's Office, 300 Tory Building or registrar@carleton.ca: Sign and Date Upon Receipt

Additional remarks: