

Letter to Placement Employers

Process for Workplace Safety and Insurance coverage:

The Ministry of Training, Colleges and Universities (MTCU) has implemented a new streamlined process for students enrolled in an approved Ontario university program that requires them to complete placements in a workplace as part of their program of study.

The Government of Ontario, through the Ministry of Training, Colleges and Universities (MTCU), pays the WSIB for the cost of benefits provided to Student Trainees enrolled in an approved program at Carleton University and participating in unpaid work placements with employers who are either compulsorily covered or have voluntarily applied to have Workplace Safety and Insurance Board (WSIB) coverage.

MTCU also covers the cost of private insurance with ACE-INA Insurance for Student Trainees enrolled in an approved program at Carleton University and participating in unpaid work placements with employers that are not required to have compulsory coverage under the Workplace Safety and Insurance Act.

The Workplace Educational Placement Agreement (WEPA) Form has been replaced by the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form*. Placement Employers and Training Agencies (universities) are not required to complete and sign the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* for each placement that is part of the student's program of study in order to be eligible for workplace insurance coverage. Instead, this form only needs to be completed when submitting a claim resulting from an on-the-job injury/disease. Please note that universities will be required to enter their MTCU- issued Firm Number in order to complete the online claim form.

The new claim form is posted on the Ministry's public website at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRC H=&ENV=WWE&TIT=1352&NO=022-13-1352E>

Please note that all WSIB or ACE-INA Insurance procedures must be followed in the event of injury/disease.

Declaration

By signature of an authorized representative here under we confirm our understanding of our responsibility to protect Student Trainees from health and safety hazards in our workplace by providing a safe working environment, health and safety orientation prior to the commencement of work (attached checklist may be used) and appropriate supervision during their placement. We also confirm our commitment to immediately report any workplace injuries or diseases to the student's university.

Employer's organization is covered under the Workplace Safety & Insurance Board Yes No

Signature: _____ Name: _____ Date _____

Title: _____ Organization: _____

Student name: _____ Program: _____

Estimated number of placement hours: _____

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 placement employer.