

Paid or Miscellaneous Work Placement Form

This form is for any student who is participating in a paid work or miscellaneous work placement.

Please note: Insurance coverage is subject to policy conditions and exclusions.

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| Student Name: | | | |
| Student ID Number: | | Carleton Course Number (ex: CHEM1001A): | |
| <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate | | Degree/Department (ex: BA/Chemistry): | |
| Name of Departmental Coordinator or Administrator: | | Extension of Departmental Coordinator or Administrator: | |
| Estimated number of placement hours: | | Organization (where placement occurs): | |
| Start Date: | | End Date: | |
| Organization Contact: | | Organization Contact Number: | |
| Organization Contact Signature: | | | |
| Student Signature: | | | |
| Date: | | | |

For any questions regarding this form, please contact the Office of Risk Management at Carleton University at risk@carleton.ca

Once completed, please submit the completed form (i.e. digital or hard copy) by interoffice mail to the Office of Risk Management, 503 Robertson Hall or email to risk@carleton.ca AND to your departmental coordinator/administrator no later than Oct. 15 (fall term), Feb. 15 (winter term) and June 15 (summer term).