

Dear Student and Placement Agency,

This document contains three (3) information sheets and two (2) forms to be reviewed and signed in order for our students to be on placement.

- Information Sheet 1: Student Declaration of Understanding and Agreement
  
- Form 1: Student Declaration of Understanding and Agreement
  
- Information Sheet 2: Letter to Placement Employers for Workplace Insurance for Post-Secondary Students on Unpaid Work Placements
  
- Information Sheet 3: Letter to Placement Employers for Workplace Insurance for Post-Secondary Students on Paid/Miscellaneous Work Placements
  
- Form 2: Letter to Placement Employers
  - All students must have insurance coverage during their placement. There are different responsibilities for Carleton University and Agencies if this is a paid or unpaid placement. The Letter to Placement Employers information sheets note information and responsibilities for paid and unpaid/miscellaneous work placements.

If you have question, please contact either Justin Paulson or Christy Laberge.

Justin Paulson  
Director, Institute of Political Economy  
Associate Professor, Sociology  
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[justinpaulson@cunet.carleton.ca](mailto:justinpaulson@cunet.carleton.ca)

Christy Laberge (she/her)  
Interim Institute Administrator  
1501 Dunton Tower  
(613) 520-7414  
[christylaberge@cunet.carleton.ca](mailto:christylaberge@cunet.carleton.ca)



## Student Declaration of Understanding and Agreement

### Workplace Safety and Insurance Board or Private Insurance Coverage for Students on Program-Related Unpaid Placements

#### Student coverage while on unpaid placement:

The Ontario Ministry of Advanced Education and Skills Development provides Workplace Safety and Insurance Board (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.

- The Ministry provides private insurance for Student Trainees and limited coverage for placements outside of Ontario (international or other Canadian jurisdictions).
- Carleton University has also arranged for private insurance coverage for students who attend placement opportunities that are not covered under either the WSIB or the Ministry's private insurance.
- Students are advised to maintain insurance for extended health care benefits through the CUSA/GSA Student Health & Dental Plan or other group or private personal insurance plan. (<http://carleton.ca/health/insurance/>)

**Please be advised that in the event of a workplace injury or disease where a claim is being made, Carleton University will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or claim made through the Ministry's private insurer.**

#### **Declaration and Agreement**

I hereby declare that I have read and understand that WSIB or private insurance coverage will be provided through the Ministry or by Carleton University while I am on an unpaid placement.

I agree that, over the course of my placement, I will participate in, comply with all safety-related training and procedures provided by the Placement Employer.

I agree that I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact my Departmental Coordinator/Administrator at Carleton University and notify them of any unresolved safety concerns.

I agree and understand that all workplace accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and Office of Risk Management at Carleton University at [risk@carleton.ca](mailto:risk@carleton.ca)

I also agree and understand that a Ministry [Post-Secondary Student Unpaid Work Placement Insurance Claim](#) form must be completed and signed in the event of any workplace injury and submitted to the Office of Risk Management at Carleton University at [risk@carleton.ca](mailto:risk@carleton.ca)

## Student Declaration of Understanding and Agreement

In the event of an injury, I also agree to maintain regular contact with the Office of Risk Management at Carleton University at [risk@carleton.ca](mailto:risk@carleton.ca) and the departmental coordinator/administrator to provide all information relating to any restrictions and my ability to return to the placement.

I understand the implications and consequences of signing this agreement.

<b>Student Name:</b>				
<b>Student ID Number:</b>		<b>Carleton Course Number (ex: CHEM1001A):</b>		
<b>Visa Student:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Undergraduate	<b>Degree/Department (ex: BA/Chemistry):</b>	
	<input type="checkbox"/> No	<input type="checkbox"/> Graduate		
<b>Name of Departmental Coordinator or Administrator:</b>		<b>Extension of Departmental Coordinator or Administrator:</b>		
<b>Estimated number of placement hours:</b>		<b>Organization (where placement occurs):</b>		
<b>Start Date:</b>		<b>End Date:</b>		
<b>Organization Contact:</b>		<b>Organization Contact Number:</b>		
<b>Name of Parent/Legal Guardian (students under 18):</b>				
<b>Signature of Parent/Legal Guardian (students under 18):</b>				
<b>Student Signature:</b>				
<b>Date:</b>				

**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/Administrators: 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.**



## 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 Robin Karuna, WSIB Program Administrator at Carleton University at [Robin.Karuna@Carleton.ca](mailto:Robin.Karuna@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.



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

**Note: Prior to the start of the paid 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 Paid/Miscellaneous work/education placement. A copy is to be kept by the placement employer.

Carleton University has arranged for private insurance coverage for students who attend placement opportunities that are not covered under either the 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 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:

- If the Placement Employer is not covered by WSIB, then it will comply with Carleton University's private insurance reporting procedures as follows:
  - If a student is injured at the workplace, the placement employer agrees to advise Carleton University immediately by contacting [risk@carleton.ca](mailto:risk@carleton.ca)

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.

**Letter to Placement Employers**  
**Process for Workplace Insurance for Post-Secondary Students on Paid/**  
**Miscellaneous Work Placements**

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

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.

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***Carleton University Departmental Coordinator/Administrator:*** (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)

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