

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 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

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.

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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 or 613-520-2600 x 4000) and the departmental coordinator/administrator.

Distribution:

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 to form part of the Official Student Record)

<i>Departmental Coordinator/Administrator: 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 or 613-520-2600 x 4000.