



## 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.*

<b>Student Name:</b>			
<b>Student ID Number:</b>		<b>Carleton Course Number (ex: CHEM1001A):</b>	
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		<b>Degree/Department (ex: BA/Chemistry):</b>	
<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>Organization Contact Signature:</b>			
<b>Student Signature:</b>			
<b>Date:</b>			

**For any questions regarding this form, please contact the Office of Risk Management at Carleton University at [risk@carleton.ca](mailto: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](mailto: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).