

Unpaid Work Placement Form

This form is for any student who is participating in an unpaid work placement that is NOT part of their course requirement. This form must be filled out to ensure you have the necessary insurance coverage to undertake this placement.

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

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).