



Paid or Miscellaneous Work Placement Form

This form is for any student who is participating in a paid work or miscellaneous work placement. Miscellaneous work placements include work placements that occur with a Carleton University department where the placement employer is not registered for Workplace Safety and Insurance for Coverage. Miscellaneous work placements also include placements that have work hours outside of the regularly and agreed to course outline requirements.

This form must be filled out to ensure you have insurance coverage under Carleton University's plan.

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

Student Full Name (<i>please print</i>):	Date:
Carleton Student ID Number:	Course Number (Ex: CHEM1001A):
Degree/Department (Example: BA/Chemistry):	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Name of Departmental Co-ordinator:	Extension of Department Co-ordinator:
Organization (where placement occurs):	Estimated Placement Hours:
Student Signature:	

For any questions regarding this form, please contact the department of Risk and Insurance 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 department of Risk and Insurance, 603 Robertson Hall or email to Risk@Carleton.ca AND to your departmental co-ordinator no later than Oct. 15 (fall term), Feb. 15 (winter term) and June 15 (summer term).