

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:

Note: Before the start of an Unpaid Placement: This Agreement must be completed and signed by the student to indicate the Student Trainee's acceptance of the unpaid work placement conditions, and a copy provided to their departmental co-ordinator prior to the commencement of the work placement.

The Ontario Ministry of Training, Colleges and Universities (MTCU) 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 Co-ordinator 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 Tony Lackey, Manager of Risk and Insurance at Carleton University at tony.lackey@carleton.ca and the departmental co-ordinator.

I also agree and understand that a Ministry [Post-Secondary Student Unpaid Work Placement Workplace Insurance Claim](#) form must be completed and signed in the event of any workplace injury and submitted to Tony Lackey, Manager of Risk and Insurance at Carleton University at tony.lackey@carleton.ca.

In the event of an injury, I also agree to maintain regular contact with Tony Lackey, Manager of Risk and Insurance at Carleton University at tony.lackey@carleton.ca and the departmental co-ordinator 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.

Student Name <i>(please print)</i> : Student ID Number:	Date:
Student Signature	Visa Student? <input type="checkbox"/> Y <input type="checkbox"/> N
Course Number: (Example: CHEM1001A) Degree/Department: (Example: BA/Chemistry)	() Undergraduate () Graduate
Organization (where placement occurs):	Estimated Placement Hours:
Name of Parent/Legal Guardian's (for student less than 18 years of age)	
Name <i>(please print)</i> :	Date
Student Signature:	

Distribution

Carleton University Departmental Co-ordinators: (Copy of this document to be kept by student's Academic Department and a copy sent to Registrar's Office, 300 Tory Building or registrar@carleton.ca to form part of the Official Student Record)

Departmental Co-ordinators:: Sign and Date Upon Receipt:

Copy of Document to Registrar's Office (for student file): Sign and Date Upon Receipt

Additional remarks: