Student Declaration of Understanding

Workplace Safety and Insurance Board or Private Insurance Coverage For Students on Program Related Placements

Student coverage while on unpaid placement:

The government of Ontario, through the Ministry of Colleges and Universities (MCU) provides private insurance to students should their unpaid placement, required by their program of study, take place with an employer who is not covered under the *Workplace Safety and Insurance Act* and limited coverage where placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

Please be advised that Trent University will be required to disclose personal information relating to the unpaid work placement and any private insurance claim to MCU.

This Agreement must be completed, and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions, and a copy provided to the Trent University placement coordinator prior to the commencement of the work placement.

Declaration:

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Colleges and Universities while I am on a placement as arranged by the University as a requirement of my program of study.

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from the Placement Employer and abide by all safety-related placement requirements of the University. I will provide the University with written confirmation that I have received safety training.

(Note: If specific Health and Safety training is required, you may amend the above paragraph to state: Specifically, I will provide written confirmation that I have received the following health and safety training: List each required training course.)

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's placement coordinator within my faculty and notify them of any unresolved safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Trent University placement coordinator. An MCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University placement coordinator.

In the event of an injury, I also agree to maintain regular contact with the University and to provide the University with information relating to any restrictions and my ability to return to the placement.

I understand the implications and have had any questions answered to my satisfaction.

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<tr><td>Student Name:</td><td colspan="2">Student Signature:</td></tr>
<tr><td>Program:</td><td colspan="2">Date:</td></tr>
<tr><td>Organization:</td><td>Total Placement Hours</td><td>Visa Student?
☐ Yes ☐
☐ No ☐</td></tr>
<tr><td colspan="3">Parent/Legal Guardian’s Name (for student less than 18 years of age) please print:</td></tr>
<tr><td colspan="2">Signature:</td><td>Date</td></tr>
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