



Student Declaration of Understanding

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

Student coverage while on placement:

The government of Ontario, through the Ministry of Training, Colleges and Universities (MTCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are required by their program of study.

MTCU also provides private insurance through ACE-INA 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 RWAM Student Insurance Plan or another insurance plan.

Please be advised that Brock University will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or ACE-INA claim to MTCU.

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 Brock University Practicum 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 Training, 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 University and the Placement Employer. I will provide the University with written confirmation that I have received safety training.

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's Practicum 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 Brock University Practicum Coordinator. An MTCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University Practicum Coordinator.

In the event of an injury, I also agree to maintain regular contact with the University's Health Management Office 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.

Student Name:	Student Signature:	
Program:	Date:	
Organization:	Total Placement Hours	Visa Student? <input type="checkbox"/> Y <input type="checkbox"/> N
Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print:</i>		
Signature:	Date:	