

Student Declaration of Understanding

Regarding Workplace Safety and Insurance Board (WSIB) or Chubb, Inc. Private Insurance Coverage for Postsecondary Students on Unpaid Work Placements

Pursuant to the Ontario Workplace Safety & Insurance Act of 1997, all students enrolled in an approved program of study at publicly assisted institutions, such as the University of Toronto, and engaged as Student Trainees in unpaid work placements like the Health Studies Practicum are required to have workplace insurance to cover them for any accident/injury they might sustain while on those placements. The Ontario Ministry of Colleges & Universities (MCU) has issued *Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements* (<http://www.tcu.gov.on.ca/pepg/publications/placement.html>) detailing these requirements and the process to be followed in case any claim is required.

Through the MCU, the Government of Ontario pays the Workplace Safety and Insurance Board (WSIB), for the cost of any benefits provided to Student Trainees participating in such unpaid work placements with Placement Employers that are either compulsorily covered or have voluntarily applied to have WSIB coverage. MCU also covers the cost of private insurance with Chubb Insurance, Inc. (formerly ACE-INA Insurance) for Student Trainees participating in unpaid work placements with Placement Employers that are not required to have compulsory coverage under the Workplace Safety and Insurance Act. However, students are advised also to maintain insurance for extended health care benefits through the applicable student insurance plan or another insurance plan. Students embarking upon Practicum Placements should also note that the University will be required to disclose personal information relating to the unpaid work placement to MCU and to WSIB or Chubb, Inc. in the event of any claim.

The following declaration must be completed and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions and a copy of it must be provided to the University of Toronto's Student Placement Coordinator prior to the commencement of the work placement.

Declaration

- I have been informed and understand that WSIB or private insurance coverage will be provided through the Ministry of Colleges and Universities while I am on an unpaid placement as part of my Practicum Placement.
- I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures provided by the Placement Employer. If requested by the University, I will provide written confirmation that I have received such safety training.
- I will promptly inform my Placement Employer of any safety concerns that may arise during this placement. If those concerns are not resolved, I will notify the University's Placement Coordinator about the issues.
- I understand that any and all accidents or injuries I may sustain while participating in this unpaid work placement must be immediately reported to the Placement Employer and to the Course Instructor and that, in the event of injury, an MCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form must also be completed, signed, and submitted to the University's Placement Coordinator.
- In the event of an injury, I consent to the release of my personal information to the MCU as it relates to this placement including address, telephone number, date of birth and social insurance number.
- I also agree to maintain regular contact with the University about my recovery and to provide the University with information relating to any activity restrictions and my subsequent ability to return to the placement.
- I understand the implications of this workplace insurance coverage and have had any questions answered to my satisfaction.

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| Health Studies Practicum Student: | Signature: | | |
| | Written Name: | | Date: |
| Practicum Organization/Agency: | | | |
| Address: | | | |
| Practicum Title/Topic: | | | |
| Practicum Work Schedule: | Hours Per Week: | Start date: | End Date: |