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## **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 Training, Colleges and Universities - MTCU** (formerly known as *Ministry of Advanced Education and Skills Development - MAESD*), 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 part of their program of study.

**MTCU** also provides private insurance through CHUBB 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 uOttawa will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or CHUBB Insurance 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 uOttawa 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 Training, Colleges and Universities - MTCU** 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.



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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 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, my uOttawa placement coordinator, and the uOttawa Office of Risk Management Clinical Placement manager.

A University of Ottawa online *Accident, Incident or Occupational Disease Form* must be completed <https://orm.uottawa.ca/clinical-placement/report-accident>.

A **Ministry of Training, Colleges and Universities - MTCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim** form must be completed and signed in the event of injury and submitted to the uOttawa Office of Risk Management Clinical Placement manager at [accident\\_studentplacement@uottawa.ca](mailto:accident_studentplacement@uottawa.ca).

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.

Student Name:	Student Signature:
Program:	Date:
Student number:	
Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print</i> :	
Signature:	Date