

**Workplace Safety and Insurance Board or Private Insurance Coverage
for Students on Unpaid Placements**

Student coverage while on unpaid placement:

The government of Ontario, through the Ministry of Colleges and Universities (MCU), reimburses Workplace Safety Insurance Board (WSIB) for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Students enrolled at an Ontario postsecondary institution are eligible for WSIB coverage while on placements, either required or optional, that are part of an Approved Program. (See MCU [Guidelines Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements](#) for details regarding eligibility for Ministry coverage.)

MCU also provides private insurance through Chubb Insurance to students should their unpaid placement take place with an employer who is not covered under the Workplace Safety and Insurance Act, and limited coverage where eligible placements 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 Western University will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb 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 Western 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 & Universities while I am on an unpaid placement as part of an Approved Program. 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.

If my Unpaid Work Placement is to be completed remotely, I agree to be responsible for ensuring that my workstation is safe and suitable. I agree to take Western's "Office Ergonomics at Work" on-line training and will provide my Placement Coordinator with proof of completion.

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

If I am injured or contract a disease while on an Unpaid Work Placement and enrolled in an Approved Program, the Training Agency (Western) will disclose personal information relating to the Unpaid Work Placement and any WSIB claim or Chubb Insurance claim to the Ministry of Colleges and Universities (MCU). I consent to the release of my personal information relating to the placement to my Placement Employer and MCU, including address, telephone number, date of birth and social insurance number. 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 Name:	Date:
Organization:	
Total Placement Hours:	Visa Student? <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print</i> :	
Parent Signature:	Date:

Collection Notice Regarding Personal Information

Western University protects your privacy and personal information. The personal information requested on this form is collected under the authority of The University of Western Ontario, in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to communicate with the Placement Employer. For example, to confirm eligibility for the Placement or in the event of a workplace accident. Direct any questions about this collection to your Western Placement Coordinator.