



Letter to Placement Employers
Guidelines for Workplace Insurance for Postsecondary Students on Unpaid Placements

The Ministry of Advanced Education and Skills Development (MAESD) has implemented a new process for students enrolled in an approved Ontario university program that requires them to complete placements in a school/workplace as part of their program of study.

The Workplace Educational Placement Agreement (WEPA) Form has been replaced by the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form*. Placement Employers and Training Agencies (universities) are not required to complete and sign the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* for each placement that is part of the student's program of study in order to be eligible for WSIB coverage. Instead, this form only needs to be completed when submitting a claim resulting from an on-the-job injury/disease.

The Government of Ontario, through the Ministry of Advanced Education and Skills Development (MAESD), pays the WSIB for the cost of benefits provided to Student Trainees enrolled in the B.Ed./Dip.Ed. program at Queen's University and participating in unpaid placements with employers who are either compulsorily covered or have voluntarily applied to have (WSIB) coverage.

MAESD also covers the cost of private insurance with ACE-INA Insurance for Student Trainees enrolled in the B.Ed./Dip.Ed. program at Queen's University and participating in unpaid placements with employers that are not required to have compulsory coverage under the Workplace Safety and Insurance Act.

The new claim form is posted on the Ministry's public website at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=P&ROFILE&SRCH=&ENV=WWE&TIT=1352&NO=022-13-1352E>

Please note that all WSIB or ACE-INA Insurance procedures must be followed in the event of an injury/disease. Queen's Faculty of Education will keep a copy of the signed placement letter on file.

Declaration

By signature of an authorized representative we confirm our commitment to immediately report any workplace injuries or disease to the student's university. The Placement Employer agrees that Student Trainees will be provided site-specific health and safety orientation.

Teacher Candidate: <small>(Please print – attach a list if more than one candidate is placed at your agency/institution)</small>	Date:
School/Institution/Agency:	
School Board (if applicable):	
Authorized by: <small>(Please print)</small>	Signature:
Placement Employer's organization is covered under Workplace Safety & Insurance Board <input type="checkbox"/>	
Placement Employer's organization is not covered under Workplace Safety & Insurance Board <input type="checkbox"/>	

Distribution

A signed copy of this document is to be returned to the Practicum Office, prior to the commencement of the placement, and a copy is to be kept by the placement employer.

Practicum Office fax: 613-533-6596