



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

The Ministry of Training, Colleges and Universities (MTCU) 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 Government of Ontario, through the Ministry of Training, Colleges and Universities (MTCU), pays the WSIB for the cost of benefits provided to Student Trainees enrolled in an approved program at Queen's University and participating in unpaid work placements with employers who are either compulsorily covered or have voluntarily applied to have Workplace Safety and Insurance Board (WSIB) coverage.

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

The Workplace Educational Placement Agreement (WEPA) Form has been replaced by the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form*.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. Please note that universities will be required to enter their MTCU-issued Firm Number in order to complete the online claim form.

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=PROFILE&SRCH=&ENV=WWE&TIT=1352&NO=022-13-1352E> (English) or

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWF&TIT=1352F&NO=022-13-1352F> (French)

Please note that all WSIB or ACE-INA Insurance procedures must be followed in the event of an injury/disease.

**Declaration**

By signature of an authorized representative, the Placement Employer hereby agrees to the following:

That it will immediately report to the University any workplace injury or disease involving a student on an unpaid work placement. Where the Placement Employer is covered by the WSIB, the Placement Employer will comply with all WSIB reporting procedures. If the Placement Employer is not covered by the WSIB, then it will comply with the ACE-INA reporting procedures found in the MTCU "Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements."

When the Placement Employer is covered under the Workplace Safety and Insurance Act, the employer's incident/accident form will be completed and submitted to the University within three days of learning of a work related accident. The Placement Employer agrees to complete a **Letter of Authorization to Represent the Placement Employer** and to provide it to the University along with the completed incident/accident form.

The Placement Employer agrees that it will provide the Student Trainee with site specific health and safety orientation and take appropriate precautions to ensure that the Student Trainee is supervised in order to protect the Student Trainee from health and safety hazards that may be encountered at the placement organization. The Placement Employer agrees to provide written confirmation that the Student Trainee has received health and safety orientation if applicable.

In the event of a claim, the Placement Employer agrees that it will review the Student Trainee's restrictions and, where possible, modify the program as required in order to accommodate the Student Trainee to facilitate return to the program.

Teacher Candidate: <small>(Please print)</small>	Date:
School/Institution:	
Board (if applicable):	
Authorized by: <small>(Please print)</small>	Signature:
Placement Employer's organization is covered under the Workplace Safety & Insurance Board? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Distribution**

*A signed copy of this document is to be returned to the placement coordinator, prior to the commencement of the work/education placement, and a copy is to be kept by the placement employer.*

Queen's Practicum Office fax: 613-533-6596

Queen's-Trent Concurrent Education Office fax: 705-748-1008