



**Letter to Placement Employers (School/Organization) Re:  
Process for Workplace Insurance for Queen's University Students on Unpaid Work Placements**

**To Be:**

- i) Signed by Placement Facility and**
- ii) Faxed or emailed to the ATEP Office**

The Government of Ontario *Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements* detail the process for students on work placements who are enrolled in an approved Ontario university program.

The Government program pays the Workplace Safety and Insurance Board (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 WSIB coverage.

The Government program also covers the cost of private insurance with Chubb Insurance for Student Trainees enrolled in an approved program at Queen's University and participating in unpaid work placements with employers that are not required to have compulsory coverage under the Workplace Safety and Insurance Act or unpaid placements out of province.

Placement Employers and Queen's 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 Government-issued Firm Number in order to complete the online claim form; the Placement Employer's WSIB is not impacted by claims.

The *Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements* and the claim form are posted on the Ontario Government's public website at:

<http://www.tcu.gov.on.ca/pepg/publications/placement.html>

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

## Declaration

**Declaration of Placement Employer:** 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.
- If the Placement Employer does have coverage under the *Workplace Safety and Insurance Act*, the Placement Employer will comply with all WSIB reporting procedures. Within three days of a work related accident, the Placement Employer will provide to the University the incident report, as well as any other necessary information related to the accident, along with a completed Letter of Authorization to Represent the Placement Employer. The University will complete the Form 7.
- If the Placement Employer does not have coverage under the *Workplace Safety and Insurance Act*, then it will comply with the Chubb reporting procedures found in the *Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements*.
- The Placement Employer agrees that it will provide the Student Trainee with health and safety training, or verify that they have completed the appropriate health and safety training, 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 the appropriate health and safety training.
- 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 – attach a list if more than one candidate is placed at your organization/agency)</small>	Date:
School/Organization Name:	
School Board (if applicable):	
Representative Name: <small>(Please print)</small>	Representative Title: <small>(Please print)</small>
Representative Signature:	
School/Organization does have coverage under the Ontario Workplace Safety & Insurance Act	<input type="checkbox"/>
School/Organization does not have coverage under the Ontario Workplace Safety & Insurance Act	<input type="checkbox"/>

### Distribution

Prior to the commencement of the work/education placement, a signed copy of this document is to be returned to the ATEP Office (fax to 613-533-6203 or scan to [atep@queensu.ca](mailto:atep@queensu.ca), attn: ATEP), and a copy is to be kept by the placement employer.