



**Manitoulin-North Shore
Aboriginal Teacher Education Program
Student Declaration of Understanding**

**Workplace Safety and Insurance Board or Private Insurance Coverage
For Students on Program Related Placements**

Student coverage while on placement:

Students enrolled at an Ontario post-secondary institution (Student Trainees) are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are either a required or optional part of an Approved University program. (See the Guidelines for details and eligibility for Ministry coverage.)

The Government of Ontario, through the WSIB program for student trainees, reimburses WSIB for the cost of benefits it pays to Student Trainees if they suffer a workplace illness or injury during an unpaid placement that is part of their program of study at Queen's.

The Government of Ontario also provides private insurance through Chubb Insurance (formerly ACE-INA) to student trainees, should their unpaid placement take place with an employer who is not covered under the Ontario Workplace Safety and Insurance Act and provides limited coverage where eligible placements take place outside of Ontario (internationally and at other Canadian jurisdictions).

However, student trainees are also advised to maintain insurance for extended health care benefits through their student insurance plan or other insurance plan.

Queen's University will be required to disclose a student trainee's personal information to the Government of Ontario if there is any WSIB claim or any Chubb claim relating to an unpaid work placement.

The Declaration below must be completed, and signed to indicate each student trainee's understanding and acceptance of the above unpaid work placement terms, and a copy must be provided to the Queen's University placement coordinator prior to the commencement of any work placement.

Declaration

I have read the above and understand that WSIB or private insurance coverage will be provided through the Government of Ontario program for student trainees, 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.

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's Department of Environmental Health and Safety [613-533-2999 - OR - 613-533-2949 - OR - safety@queensu.ca] 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 to the University's Department of Environmental Health and Safety. I understand that a Government of Ontario Post-secondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University's Department of Environmental Health and Safety.

In the event of an injury or illness during my placement:

- I consent to the release of my personal information to my Placement Employer, The Ontario Workplace Safety and Insurance Board and to the Government of Ontario, including my address, telephone number, date of birth and social insurance number.
- 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:	
School:	Total Placement Hours	Visa Student? <input type="checkbox"/> Y <input type="checkbox"/> N
Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print</i> :		
Signature:	Date	

Prior to the commencement of the work/education placement, please complete the sections above and return a signed, dated copy of this document to the ATEP Office (fax to 613-533-6203 or scan to atep@queensu.ca, attn: Paul Carl), and keep a copy for your files.