

STUDENT DECLARATION OF UNDERSTANDING

Workplace Safety and Insurance Board (WSIB) or Private Insurance Coverage for Students on Program Related Placements

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 uOttawa placement coordinator prior to the start of the work placement.

Student coverage while on unpaid placement

Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are part of their program of study.

The Government of Ontario, through the Ministry of Colleges and Universities (MCU), provides WSIB coverage for students on placements enrolled in an approved program at a training agency (such as uOttawa).

MCU also provides private insurance through Chubb Insurance to students should their unpaid placement take place with an employer not covered under the Workplace Safety and Insurance Act, and limited coverage where placements are arranged by their postsecondary institution outside Ontario (abroad or in other Canadian jurisdictions). Notwithstanding this coverage, students should maintain extended health-care benefit coverage through the applicable student insurance or other private insurance plan.

As a condition of this coverage, uOttawa must disclose personal information relating to the unpaid work placement and any WSIB or CHUBB Insurance claim to MCU.

Declaration

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Colleges and Universities (MCU) while I am on a placement, as arranged by the University as a requirement of my program of study.

I agree that during my placement I will participate in all health and safety-related training and implement all procedures prescribed by the University and the placement employer.

I will provide the University with written confirmation that I have received relevant health and safety training.

I will promptly inform my placement employer of any health and safety concerns. If these concerns are not resolved, I will contact the University's placement coordinator in my faculty and notify them of any unresolved safety concerns.

I understand that I must immediately report any accident or exposure I sustain, no matter how minor, while participating in an unpaid work placement to the placement employer, my uOttawa placement coordinator and the uOttawa Office of Risk Management.

I understand that a University of Ottawa online [Accident, Incident, Occupational Illness or Near Miss form](#) must be completed. A Ministry of Colleges and Universities [Postsecondary Student Unpaid Work](#)

[Placement Workplace Insurance Claim form](#) must also be completed and signed in the event of injury and submitted to the uOttawa placement coordinator.

In the event of an injury or exposure, 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 resume the placement.

I understand the implications of the above and have had any questions answered to my satisfaction.

Student name:	_____
Program:	_____
Student number:	_____
Date:	_____
Student signature:	_____
Parent/legal guardian's name (for students under 18 years of age):	_____
Signature of parent/legal guardian:	_____