



Student Declaration of Understanding

Workplace Safety and Insurance Board or Private Insurance Coverage for Students on Unpaid Placements

Student coverage while on unpaid placement:

The government of Ontario, through the Ministry of Colleges and Universities (MCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Students enrolled at an Ontario postsecondary institution are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements, either required or optional, that are part of an Approved Program.

The MCU also provides private insurance through Chubb Insurance (formerly ACE-INA) to students should their unpaid placement take place with an employer who is not covered under the Workplace Safety and Insurance Act and limited coverage where eligible placements take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

Please review the [Ministry's Guidelines for Training Agencies and Placement Employers on insurance claims for students of publicly-assisted colleges and universities on unpaid work placements](#) for complete information on student eligibility.

Please be advised that the University of Toronto will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb claim to MCU.

This Declaration of Understanding must be completed and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions, and a copy provided to the program placement coordinator prior to the commencement of the work placement.

Declaration:

- ✓ I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Colleges and Universities 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. If requested by the University, I will provide 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 placement coordinator within my faculty 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 my program placement coordinator. A MCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted

to the University placement coordinator.

- ✓ I consent to the release of my personal information relating to the placement to my Placement Employer and MCU, including address, telephone number, date of birth and social insurance number.
- ✓ In the event of an injury, 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	
Date	
International Student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Legal Guardian's Name (for student less than 18 years of age) please print:	
Parent Signature:	
Date	

Collection Notice Regarding Personal Information

The University of Toronto protects your privacy and Personal Information. The Personal Information requested on this form is collected under the authority of the section 2(14) of the University of Toronto Act, 1971 in accordance with the Freedom of Information and Protection of Privacy Act ("FIPPA"). The information will be used to communicate with the Placement Employer – for example, to confirm eligibility for the Placement or in the event of a workplace accident. Direct any questions about this collection to the University Freedom of Information and Protection of Privacy Coordinator at (416) 946-7303 or visit the [FIPPA website](#) or [contact the FIPP Office](#).