Placement Agency Health & Safety and Insurance Verification – Mohawk College Allied Health and Medical Imaging Programs

This form must be completed by the Agency Supervisor (e.g. Mentor, Clinical Supervisor, Clinical Education Leader, or Preceptor) in collaboration with the student by the end of the 1st day of placement in order to meet health, safety, insurance, and liability requirements of the placement.

Student Information	
Student's First Name	Student's Last Name
Student's Email	
☐ We are hosting more than 1 student ((please complete the table at the end of the form)
What Mohawk Program is the student in Canadian Health Care Cardiovascular Technology Diagnostic Cardiac Sonography Magnetic Resonance Imaging Massage Therapy Agency Information	Medical Radiation Science Occupational Therapist Assistant/ Physiotherapist Assistant Pharmacy Technician Recreation Therapy Other
Field Placement Site/Agency	
Address (#, Street, City)	
Supervisor/Mentor Who will be directly supervising the stude	ent and be responsible for attendance verification & evaluations?
Supervisor	Position
Email	Phone Number
Names & Titles of other staff involved in s shift). Please include contact information	supporting this student (i.e. primary/secondary report, or lead mentor on a when available
Field Placement Details	
In what semester(s) will the student be d Fall Winter Spring/Summer The student will be at this agency for	

Is the student required to complete an Orientation before they start their placem	nent?			
Yes				
No				
Date of Orientation				
Student Insurance				
Students completing an unpaid work placement are covered under either the World	kplace Safe	ety and Insura	nce Board	
(WSIB) or private insurance coverage (CHUBB). Both options are provided by the \ensuremath{N}	linistry of (Colleges and U	Jniversities	
(MCU). Students attending placement at a Placement Agency that already has WSII	B coverage	will be cover	ed by the	
MCU's WSIB policy. If the assigned agency does not have its own WSIB coverage, the	hen the stu	ident will be o	covered under	
the MCU's CHUBB policy.				
The Field Placement Agency agrees that it will provide the Student Trainee with he	alth and sa	afety training	and	
supervision to protect them from health and safety hazards that may be encounter		,		
workplace.			, 6	
In the event of injury/disease while on pleasement the student is required to impre-	م مانمه مای سم		dont/inium.to	
In the event of injury/disease while on placement the student is required to imm	-	•		
the Placement Agency and it must be reported to the relevant Field Placement Sp				
Placement Agency must complete an accident report and provide a copy to the Mc	ohawk Coll	ege represent	ative .	
If a workplace insurance claim is reportable to the WSIB or CHUBB, they must also	complete a	a Postseconda	ary Student	
Unpaid Work Placement Workplace Insurance Claim Form, which requires signature	es from th	e Placement A	Agency, the	
student, and the Mohawk College representative. Where the Field Placement Ager	student, and the Mohawk College representative. Where the Field Placement Agency is covered under WSIB they must			
complete a Letter of Authorization to Represent the Field Placement Agency. This a	llows Moh	awk College t	o represent	
the Field Placement Agency on matters related to the WSIB claim. The Mohawk Co	ollege repr	esentative co	ordinate this	
process.				
For more information regarding this process visit: http://www.tcu.gov.on.ca/pepg/	/publicatio	ns/placement	html	
The student has signed a Student Confirmation Form to acknowledge that they und	derstand th	nis process.		
I have read and understand the process for Student Insurance				
Health and Safety				
This form is general to all of our programs, so there may be items that are not relevant	vant to a sp	pecific progra	m or location.	
These can be marked as N/A. If the employer has a more robust OHS awareness sy	stem for s	tudents, pleas	se share with	
your Field Placement Specialist, as this would need to be evaluated and documente	ed by our t	eam. Please r	ecord which	
of the following health & safety topics you have discussed with the student.				
Question Yes		No	N/A	

Question	Yes	No	N/A
Student(s) has been provided with appropriate onsite supervision, name			
and contact information for Placement Supervisor			
Student(s) provided with name and contact information for Joint Health			
and Safety Committee (JHSC) Representative or Health and Safety			
Representative			

Student(s) is aware of their right to refuse unsafe work	
Student(s) provided with information and location of workplace's specific	
procedures on, but not limited to: Health and Safety, Workplace	
Harassment, Workplace Violence	
Student(s) trained on safe work procedures and operation of equipment	
relevant to their placement	
Student(s) trained in proper use of relevant Personal Protective Equipment	
(PPE). (E.g. respirator, gloves, eye/face protection, footwear, etc) by	
either the college or the placement location	
Student(s) informed of any restricted or prohibited areas, tools, equipment	
and machinery	
Student(s) informed of hazards in the workplace that may affect the	
student, how they are controlled, and how to navigate them	
Student(s) informed of process for reporting safety concerns	
Student(s) informed of what to do in the event of a fire or other	
emergency (e.g. evacuation procedures)	
Student(s) informed of location of fire exits and fire extinguishers	
Confirm there is a first aid kit, or code blue cart, readily available and well-	
stocked and the student(s) is aware of its location	
Student(s) and preceptor discussed procedures for reporting accidents and	
injuries and how to obtain first aid or medical attention	
Placement supervisor is familiar with the process for reporting a	
workplace-related injury or illness	
Student(s) informed of Workplace Hazardous Materials Information	
System (WHMIS) and location of Material Safety Data Sheets/Safety Data	
Sheets	

Comments

Optional: Please note any additional information that you would like to share with the Field Placement Specialist about this placement

Must be completed in collaboration with the placement Supervisor/Mentor.		
Completed By		
Position		

Hosting Multiple Students

First Name	Last Name	Email Address