

Appendix A

Student Declaration of Understanding Workplace Safety and Insurance Board or Private Insurance Coverage For Students on Unpaid Work Placements

STUDENT COVERAGE WHILE ON PLACEMENT

The government of Ontario, through the Ministry of Colleges and Universities (MCU), reimburses the Workplace Safety & Insurance Board (WSIB) for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (Mohawk College). Ontario students are eligible for WSIB coverage while on unpaid work placements that are required by their program of study, if the placement employer is covered by WSIB (mandatory or by voluntary application coverage).

The MCU also provides private insurance coverage through Chubb to students should their unpaid placement required by their program of study take place with an employer who is not covered under the Workplace Safety and Insurance Act, and limited coverage where placements take place outside of Ontario or Canada. Students are advised to obtain additional insurance coverage since as Chubb does not provide full compensation or coverage during non-work placement hours.

Please be advised that Mohawk College is required to disclose personal information to the Placement Employer relevant to the placement, limited to your full name, local address, telephone number and placement schedule. Personal information may also be disclosed to the MCU as related to the administration of a WSIB or Chubb workplace insurance claim.

This Agreement must be completed and signed 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 work placement as arranged by Mohawk College as a requirement of my program of study. I understand that all accidents, injuries or illnesses sustained while participating in the unpaid work placement must be immediately reported to the Placement Employer and to my Mohawk College Placement Coordinator. A *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim* form must also be completed in the event an insurance claim for an injury, illness or disease is submitted to the WSIB or Chubb Insurance.

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

Student Information

Student Name (print): _____ Date: _____
 Student Signature: _____ Phone: _____
 Local Address: _____
 Program/Course: _____

Parental/Legal Guardian’s Signature (for students less than 18 years of age)

Parent/Legal Guardian Name (print): _____ Date: _____
 Parent/Legal Guarding Signature: _____

Placement Employer Information

Placement Employer: _____ Employer covered by WSIB: (Yes/No)
 Address: _____ Phone: _____
 Start Date (yyyy/mm/dd): _____ End Date: (yyyy/mm/dd): _____
 Schedule (hrs& days of week): _____

Original: Mohawk College Placement Coordinator
 Copy: Placement Employer