

Student Declaration of Understanding

Workplace Safety and Insurance Board or Private Insurance Coverage

Students on Unpaid Work Placements

Student coverage while on placement

The government of Ontario, through the Ministry of Advanced Education and Skills Development (formerly MTCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (college). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on unpaid work placements as required by their program of study. AESD also provides private insurance 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*.

Furthermore, AESD provides limited private insurance coverage for students in Ontario publicly supported postsecondary programs whose unpaid work placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions).

Declaration

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Advanced Education and Skills Development while I am on unpaid work placements as arranged by the College as a requirement of my program of study.

I understand the implications and have had any questions answered to my satisfaction. I also recognize in the event of a workplace (placement) injury, I will contact the clinical coordinator and SCC program coordinator, immediately.

Release of Information

I understand that my personal information will be released to the placement employer in the event of a workplace injury or disease at the placement employer's workplace, during an unpaid placement. I understand that I may be contacted in the future in relation to the injury.

Student name (print):	Student sig	gnature:	
Program/School:		Date:		
Parent/Legal Guard	ian's Signature (for	student less than 18 year	rs of age)	
Name (print):	print): Date:			
Signature:				
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