

**Work Placement Host Declaration of Understanding**

**Student Coverage while on an Unpaid Field Placement Work Term**

Georgian College students are eligible for Workplace Safety Insurance Board (WSIB) or CHUBB Private Insurance coverage of workplace injury claims while on unpaid work experiences **provided as an opportunity** by their program of study.

Please note that all WSIB procedures must be followed in the event of an injury/disease. Georgian College will keep the signed original of the placement letter on file and ensure that Placement Hosts have a copy.

**Declaration**

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Colleges and Universities (MCU) for students completing unpaid work experiences that are required by their program of study.

I agree to immediately report any workplace related injury or disease to Georgian College and follow all WSIB reporting procedures and requirements. This declaration is valid for all of the student work integrated learning experiences completed at our workplace.

Dated:

Employer Organization:

Employer representative name and title (print):

Employer signature:

Employer Email:

***Please keep a copy of this form for your records and return the original via the student or directly to your Work Placement Coordinator.***

***HealthServicesWP@GeorgianCollege.ca***

***In the event of a workplace injury, please contact your Field Placement Coordinator immediately, at 705-728-1968 extension 1266.***

***Making Education Work!***

**Co-operative Education and Career Success**