

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 Training, Colleges and Universities (MTCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (Centennial College). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on unpaid work placements as required by their program of study. MTCU 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, MTCU 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 Training, Colleges and Universities while I am on unpaid work placements as arranged by Centennial College as a requirement of my program of study. If I sustain a work-related accident or illness, it is my responsibility to report the accident or illness to my Placement Employer immediately. The Placement Employer must complete an Accident/Illness Report and submit it to my College Placement Coordinator and Administrator, within 24 hours of incident. I am also aware that my personal information will be disclosed by the College to MTCU, WSIB and/or ACE INA if relevant to a workplace insurance claim.

I acknowledge that Occupational Health and Safety is a joint responsibility of both the placement employer and the training participant (myself). I am not required to work in an environment I believe to be unsafe, and should remove myself from risk until I am sure the appropriate safety requirements are in place. I will report hazards to the Placement Employer Supervisor and the College Placement Coordinator.

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

Last name (print): _____ First Name: _____

Program/School: _____ Placement Site: _____

Placement Site Address: _____

Duration of Placement: From: _____ To: _____

Hours of Training: From: _____ To: _____

Student Signature: _____

Parent/Legal Guardian's Signature (for student less than 18 years of age)

Name (print): _____

Date: _____ Signature: _____

Student to take a photocopy for his/her file and submit original to your program coordinator.

Original to Centennial College

Copy to Placement Employer

Copy to Student Worker

Unpaid Student Work Placement Responsibilities

These guidelines highlight the process in regards to insurance coverage for students on unpaid work/education placements, and the responsibilities of all parties in the event of a workplace-related injury or illness to the student.

Student 'worker'	Work Placement Employer	Placement Coordinator/Administrator (Centennial College)	Disability Management Consultant (Centennial College)
<p>Read and sign <u>Student Declaration of Understanding Form</u> before start of unpaid work placement and submit to Placement Coordinator/Administrator.</p> <p>Immediately report all work-related injuries and illnesses to the Placement Employer Supervisor and to the College Placement Coordinator.</p> <p>Complete or assist in the completion of all related accident reports/forms, <u>Postsecondary Student Unpaid Work Placement Workplace Insurance Claim</u> or <u>ACE INA Insurance Form as appropriate</u> and <u>WSIB Form 6</u>, if applicable.</p> <p>Cooperate with, and provide relevant information to, the College, WSIB and Work Placement Employer.</p> <p>Continue to receive appropriate medical treatment, maintain communication and cooperate with the College for a timely and safe return to work, including participating in a Modified Work/Education Plan, if applicable.</p>	<p>Sign <u>Letter to Placement Employer Form</u>, and keep copy and forward original to College before start of unpaid work placement.</p> <p>Ensure the student 'worker' receives appropriate first aid and medical attention at time of injury/illness.</p> <p>Inform College Placement Coordinator of student's injury or illness within 8 hours of knowledge of such injury or illness.</p> <p>Complete and provide College Placement Coordinator or Administrator with the <u>Accident/Illness Report</u> within 24 hours of the incident, the completed bottom portion of <u>MTCU Letter of Authorization to Represent Employer Form</u>, and a copy of <u>Postsecondary Student Unpaid Work Placement Workplace Insurance Claim. (Confirmation of Placement Employer section)</u> or <u>ACE INA Insurance Form as appropriate</u>.</p> <p>Cooperate with the College in the investigation of the incident and /or the provision of information related to the incident.</p> <p>Cooperate with the College in the implementation of a modified work plan for the student, if applicable.</p>	<p>Provide <u>Student Declaration of Understanding Form</u> to students and ensure signature and submission of form back to department before participating in work placement.</p> <p>Provide <u>Letter to Placement Employer Form</u>, informing of process and keep original signed copy.</p> <p>Upon knowledge of a work-related injury or illness to the student 'worker', ensure that the injured/ill student has received appropriate medical attention in a timely manner.</p> <p>A needlestick injury report must be completed for such injuries if there is no surveillance protocol in place.</p> <p>Obtain a completed <u>Accident /Illness Report</u>, the completed bottom portion of <u>MTCU Letter of Authorization to Represent Employer Form</u>, and the <u>Postsecondary Student Unpaid Work Placement Workplace Insurance Claim. (Confirmation of Placement Employer section)</u> or <u>ACE INA Insurance Form as appropriate</u> within 24 hours of the incident. Completes remaining section of <u>Postsecondary Student Unpaid Work Placement Workplace Insurance Claim</u>.</p> <p>Provide above mentioned <u>Forms</u> to Centennial's Disability Management Consultant in HR by fax, email or personal delivery, immediately upon receipt.</p> <p><u>Make every reasonable effort to accommodate the student based on their limitations due to injury, and maintain contact with student in the Return to Work/ Education phase, until no longer necessary.</u></p> <p>Keep Centennial's Disability Management Consultant updated on student's situation and cooperate in the implementation of a Modified Work Plan if applicable, until no longer necessary.</p> <p>Investigate and take appropriate action in response to all reports by students regarding unsafe work conditions or practices at the placement.</p>	<p>Acquire necessary <u>Forms</u> and provides support in understanding and adhering to the process.</p> <p>Review accident information and if necessary, report incident to WSIB or ACE INA as appropriate, by submitting completed paperwork to relevant insurance provider. ie WSIB (Firm # 825021) or ACE INA Insurance. Provide copies to MTCU.</p> <p>Maintain contact with WSIB / ACE INA, MTCU and Placement Coordinator to assist in RTW process.</p> <p>Advise WSIB or ACE INA, and MTCU of RTW Plan.</p> <p>Provide support and advice in the implementation of RTW plan.</p> <p>CONTACT INFORMATION</p> <p>Centennial College Progress Campus Disability Management Consultant Human Resources Department</p> <p>Fax: 416-289-5124 Phone: 416-289-5000, ext. 7012 or 7664</p> <p>Email: ksubraj@centennialcollege.ca lholleran@centennialcollege.ca</p> <p>Definitions/Acronyms: WSIB – Workplace Safety and Insurance Board MTCU – Ministry of Training, Colleges and Universities RTW – Return to Work</p>