The Canadore College of applied Arts and Technology

Workplace Insurance for Unpaid Student Placement: Student Declaration of Understanding

The Government of Ontario, through the Ministry of Colleges and Universities (the "Ministry"), pays Workplace Safety and Insurance Board ("WSIB") for the cost of benefits it pays to Student Trainees enrolled in an Approved Program at a Training Agency during Unpaid Work Placements with employers who are either compulsorily covered (Schedule 1 or Schedule 2 employers) or have voluntarily applied to have WSIB coverage.

The Ministry also covers the cost of private insurance with Chubb Insurance for Student Trainees enrolled in an Approved Program at a Training Agency during Unpaid Work Placements with employers that are not required to have compulsory coverage under the Workplace Safety and Insurance Act ("WSIA"). The Government of Ontario provides such coverage to encourage the participation of employers in providing Unpaid Work Placements for Student Trainees as part of Ontario publicly assisted postsecondary education and training programs.

If an Accident Occurs while on an Unpaid Placement:

If a Student Trainee has an accident while on an Unpaid Work Placement while enrolled in an Approved Program, the Training Agency will disclose personal information relating to the Unpaid Work Placement and any WSIB claim or Chubb Insurance claim to the Ministry.

Student Trainees are eligible to make a claim for Benefits in the event of an accident incurred while in an eligible Unpaid Work Placement

For more information about Workplace Insurance for Students on Unpaid Work Placements, go here: https://www.ontario.ca/page/workplace-insurance-college-and-university-students-unpaid-work-placements

Student Declaration of Understanding:

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 the College as a requirement of my program of study.

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

Signature:	4 CANADODE
Name (print):	Date:
Parent/Legal Guardian Signature (if under the age of 18 years):	
Program of Study:	
Student Signature:	Date:
Student Name (print):	Date of Birth:

EXPERIENTIAL LEARNING