

Postsecondary Student Unpaid Work Placement
Release Form

Name: _____

School: _____

Local Address: _____

Phone #: _____

Type of Work Placement: Student

From: _____

To: _____

The Government of Ontario, through the Ministry of Training, Colleges and Universities, pays WSIB for the cost of Benefits it pays to Student Trainees enrolled in an approved program at a Training Agency during an unpaid work placements with employers who are either compulsorily covered or have voluntarily applied to have WSIB coverage.

Student Trainees are considered to be eligible for Benefits if they receive one or more of the following types of payment:

- Social assistance benefits (e.g., through Ontario Works Program);
- Training allowances;
- Honoraria;
- Reimbursement of expenses; and,
- Stipends or any money paid to the Student Trainee by the Training Agency.

By signing this form, I acknowledge and understand the following:

1. I will follow all health and safety policies and procedures of the placement employer for the duration of the work placement
2. Should I incur an injury/disease while on work placement I will report immediately to my placement supervisor and to the College and/or University
3. I have shared my immunization status with my College and/or University and that this information will be made available to PRHC upon request or in the event of a pandemic outbreak.

I have read and understand that WSIB coverage will be provided through the Ministry of Training, Colleges and Universities while I am on a placement as arranged by the college and/or university as a requirement of my program of study.

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

Student Signature

Date

Witness Signature

Date