

**Letter to Placement Employers
Process for Workplace Safety and Insurance Board coverage:**

The Ministry of Colleges and Universities (MCU) has implemented a new streamlined process for students enrolled in an approved Ontario college program that requires them to complete unpaid work placements.

The Workplace Educational Placement Agreement (WEPA) Form has been eliminated and Students participating in placement, as a part of an approved Ontario college program, will be automatically provided coverage by the MCU while on placement. Placement Employers and Training Agencies (colleges) are not required to complete and sign any form for this coverage to be provided. In the event of an on-the-job injury/disease, the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* will be completed *to submit a claim*. Please note that colleges will be required to enter their MCUA- issued Firm Number in order to complete the online claim form. Student injuries/diseases while on placement WILL NOT be processed through the placement site's WSIB.

The new Claim form and Ministry guidelines have been posted on the Ministry's public website at:
<http://www.tcu.gov.on.ca/pepg/publications/placement.html>

Please note that all WSIB procedures must be followed in the event of an injury/disease, including but not limited to confirmed diagnosis of or exposure to the Novel Coronavirus (COVID-19). Colleges will keep the signed original of the placement letter (this document) on file and ensure that Placement Employers have a copy.

Placement Employers: please complete

Our organization is covered by the WSIB: **YES** **NO**

*Please note: **Your company's WSIB will not be used for student injuries/diseases coverage.** Any student WSIB claims will be processed through the Ministry's WSIB coverage. The information contained within the checkbox above is used solely for college data to determine which Ministry WSIB coverage will be required.*

Declaration

By signature of an authorized representative here under we confirm that we have reviewed the MCU guidelines and are committed to immediately report any workplace injuries or disease to the student's college.

Name of authorized representative (please print): _____

Signature: _____ Title: _____

Organization: _____ Date: _____

Organization's Address: _____

Check here if placement is taking place at Fleming College. (Private benefits coverage will be provided by the College's AD&D Student Accident Plan)

Distribution

A copy with the original signature is to be returned to Fleming College and a copy is to be kept by the placement employer.

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