



**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 Colleges and Universities (MCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (college). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on unpaid work placements as required by their program of study. MCU 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, MCU 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 Colleges and Universities while I am on unpaid work placements 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. I agree to immediately report any placement related injury or disease to the placement employer.

Release of Information

I understand that my personal information will be released to the placement employer in the event of a workplace injury or disease at the placement employer's workplace during an unpaid placement.

I understand that the Ministry of Colleges and Universities, the college and placement employer will be required to release relevant personal information with each other and to the WSIB/Private Insurance.

Student Number: _____ Program: _____
Semester (1, 2, 3, 4, 5, 6): _____ School: _____
Student name: _____
Student signature: _____ Date: _____

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

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 student.

Peterborough

599 Brealey Dr.
Peterborough, ON K9J 7B1
T. 705-749-5530
F. 705-749-5540

Lindsay

200 Albert St. S., Box 8000
Lindsay, ON K9V 5E6
T. 705-324-9144
F. 705-878-9312

Haliburton

297 College Dr., Box 839
Haliburton, ON K0M 1S0
T. 705-457-1680
F. 705-457-2255

flemingcollege.ca