**Student Declaration of Understanding**

**Workplace Safety and Insurance Board or Private Insurance Coverage**

**For Students on Program Related 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 (university). Students are eligible for Workplace Safety Insurance Act (WSIA) coverage if they suffer a workplace illness or injury while on an unpaid work placement in Ontario with a facility that is covered by the WSIA.

For students whose unpaid work placement is at a facility in Ontario that is not covered under the WSIA, or, whose unpaid work placement is at a facility outside of Ontario (international and other Canadian jurisdictions), MCU also provides private insurance through the Chubb Insurance Company of Canada. This insurance covers workplace injuries only (this insurance does not cover workplace illness, including COVID-19).

**PLEASE NOTE for International Students:**  Workplace insurance coverage from WSIB, Chubb Insurance or the University **will not apply** to international students who sustain a workplace injury or illness when participating in work placements in their home country. You may have coverage through your placement employer or your home country. It is your responsibility to inform yourself as to the details of any coverage that may be available if you do a placement in your home country.

Students are also advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

Please be advised that Queen’s University will be required to disclose personal information to MCU relating to the unpaid work placement and any WSIB claim or any claim made to the Chubb Insurance Company of Canada.

This below Declaration must be completed, signed, and provided to your placement coordinator prior to the commencement of any unpaid work placement.

**Declaration:**

I have read the above information and understand that WSIB or private insurance coverage will be provided through the MCU while I am on an unpaid placement arranged by the university as part of my program of study.

I agree that, over the course of my placement, I will participate in and comply with all safety-related training and procedures required by both the University and the placement employer. I will provide the University with written confirmation that I have received safety training.

I will promptly inform my placement employer of any safety concerns. If these concerns are not resolved, I will contact the University’s placement coordinator within my faculty and notify them of any unresolved safety concerns.

I understand that all injuries or illnesses I experience while participating in an unpaid work placement must be immediately reported to the placement employer and my Queen’s University placement coordinator. I also understand that an MCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of a workplace injury or illness during my placement and must submitted to the University placement coordinator. In the event of a workplace injury or illness during my placement, I also agree to maintain regular contact with the University and to provide the University with information relating to any restrictions and my ability to return to the placement.

I also understand that multiple potential sources of COVID-19 may now exist creating challenges in establishing work-relatedness for a COVID-19 related claim and I have read the [WSIBs Document](https://www.wsib.ca/sites/default/files/2020-03/adjudicativeapproach2019novelcoronavirus20200322.pdf) about how it addresses claims related to COVID-19.

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

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| Student Name: | Student Signature: |
| Program: | Date: |
| Placement Location: | Total Placement Hours | Visa Student? 🞎 Y 🞎 N |
| Parent/Legal Guardian’s Name (for student less than 18 years of age) *please print*: |
| Signature: | Date |