Student Declaration of Understanding

Workplace Safety and Insurance Board or Private Insurance Coverage for Students on Unpaid Placements

Student coverage while on unpaid placement:

Students enrolled at an Ontario postsecondary institution (Student Trainees) are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are either a required or optional part of an Approved University Program. (See the Guidelines for details regarding eligibility for Ministry coverage.)

The Government of Ontario reimburses WSIB for the cost of benefits it pays to Student Trainees if they suffer a workplace illness or injury during an unpaid placement that is part of their program of study at Queen’s.

The Government of Ontario also provides private insurance through Chubb Insurance (formerly ACE-INA) to Student Trainees, should their unpaid placement take place with an employer who is not covered under the Ontario Workplace Safety and Insurance Act and provides limited coverage where eligible placements take place outside of Ontario (internationally and at other Canadian jurisdictions).

However, Student Trainees are also advised to maintain insurance for extended health care benefits through their student insurance plan or other insurance plan.

Queen’s University will be required to disclose a Student Trainee’s personal information to the Government of Ontario if there is any WSIB claim or any Chubb claim relating to an unpaid work placement.

The Declaration below must be completed, and signed to indicate each Student Trainee’s understanding and acceptance of the above unpaid work placement terms, and a copy must be provided to the Queen’s University placement coordinator prior to the commencement of any work placement.

Declaration:

I have read the above and understand that WSIB or private insurance coverage will be provided through the Government of Ontario while I am on an unpaid placement as part of an Approved Program.

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from 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 Department of Environmental Health and Safety [613-533-2999 - OR - 613-533-2949 - OR - safety@queensu.ca] and notify them of any unresolved safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer, and to the University’s Department of
Environmental Health and Safety. I understand that a Government of Ontario Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University’s Department of Environmental Health and Safety.

In the event of an injury or illness during my placement:

- I consent to the release of my personal information to my Placement Employer, The Ontario Workplace Safety and Insurance Board and to the Government of Ontario, including my address, telephone number, date of birth and social insurance number.

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

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<thead>
<tr>
<th>Student Name:</th>
<th>Student Signature:</th>
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<tr>
<td>Program Name:</td>
<td>Date:</td>
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<tr>
<td>Organization:</td>
<td></td>
</tr>
<tr>
<td>Total Placement Hours:</td>
<td>Visa Student? ☐ YES ☐ NO</td>
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<tr>
<td>Parent/Legal Guardian’s Name (for student less than 18 years of age) please print:</td>
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<tr>
<td>Parent Signature:</td>
<td>Date:</td>
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**Collection Notice Regarding Personal Information**

Queen’s University protects your privacy and Personal Information. The Personal Information requested on this form is collected under the authority of the Queen’s University Act, 1965, in accordance with the Freedom of Information and Protection of Privacy Act. The information will be used to communicate with the Placement Employer – for example, to confirm eligibility for the Placement or in the event of a workplace accident. If you have any questions about the collection, use and disclosure of your personal information by Queen’s University, please contact: Queen’s University, Records Management and Privacy Office, Suite F300 Mackintosh-Corry Hall, 68 University Avenue, Kingston, Ontario, K7L 3N6, 613-533-6095.