



Student Declaration of Understanding

Workplace Safety & Insurance Board/ACE-INA Private Insurance Coverage

Unpaid Student Participants in Work Integrated Learning (WIL) Mandatory Experiences

Student coverage while on unpaid Co-op work term

Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on unpaid work placements as required by their program of study. The Ministry of Training, Colleges and Universities (MTCU) also provides ACE-INA Private Insurance coverage 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, MTCU provides limited private insurance coverage for students in Ontario publicly supported post-secondary 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 MTCU while I am on my unpaid work experience that is required by my program of study.

I agree to immediately report any workplace related injury or disease to my employer as well as my Georgian College assigned Co-op Consultant.

This declaration is valid for the work integrated learning experiences required by and for the duration of the program indicated below.

Release of Information

I understand that my personal information will be released to my employer as part of the work integrated learning experience and in the event of a workplace injury or disease at the employer's workplace during an unpaid work experience.

I understand that the MTCU, Georgian College and my employer will be required to release relevant personal information with each other and to the WSIB/ACE-INA.

Student name (print): Tara McNeil Student Number: 200197303

Student signature: Tara McNeil

Program Interactive Web Design/Dev. Date: March 27/2016

Student Email: toralynne.mcneil@gmail.com

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

Name (print): _____ Date: _____

Signature: _____

Making Education Work!

Centre for Co-operative Education, Internship and Career Services

careerandcoop@georgiancollege.ca



Employer Declaration of Understanding

Workplace Safety & Insurance Board/ACE-INA Private Insurance Coverage

Unpaid Student Participants in Work Integrated Learning (WIL) Mandatory Experiences

Student coverage while on an unpaid Co-op work term

Georgian College students are eligible for Workplace Safety Insurance Board (WSIB) or ACE-INA Private Insurance coverage of workplace injury claims while on unpaid work experiences **required** by their program of study.

Placement Employers and Colleges are not required to complete and sign the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* for each student completing an unpaid work placement in order to be eligible for WSIB coverage or private insurance.

The new form has been posted on the Ministry's public website at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWF&TIT=1352&NO=022-13-1352E> (English) or

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWF&TIT=1352F&NO=022-13-1352F> (French)

Please note that all WSIB procedures must be followed in the event of an injury/disease. Colleges will keep the signed original of the placement letter on file and ensure that Placement Employers have a copy.

Declaration

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Training, Colleges and Universities (MTCU) for students completing unpaid work experiences that are required by their program of study.

I agree to immediately report any workplace related injury or disease to Georgian College, and follow all WSIB reporting procedures and requirements. This declaration is valid for all of the student work integrated learning experiences completed at our workplace.

I understand that I no longer need to complete a WEPA form, but that the Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form will be completed only in the event of a workplace injury.

Employer Organization PDG

Employer representative name and title (print): PATRICIA KROTKI

Employer signature: [Signature] Date: MAR 27/15

Employer Email: PMKROTKI@SYMPATICO.CA

Please keep a copy of this form for your records and return the original via the student or directly to your assigned Co-op Consultant. In the event of a workplace injury, please contact your assigned Co-op Consultant immediately, or the Manager Co-op & Career Services at 705-728-1968 extension 5277.

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