



**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 Training, Colleges and Universities (MTCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at Nipissing University. Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are required by their program of study.

MTCU also provides private insurance through ACE-INA 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* and limited coverage where placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the Nipissing University student insurance plan or other insurance plan.

Please be advised that Nipissing University will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or ACE-INA claim to MTCU.

This Agreement must be completed prior to the commencement of the work placement, signed to indicate the Student Trainee’s acceptance of the unpaid work placement conditions and a copy provided to the Nipissing University PHED Community Leadership Placement Officer.

**Declaration:**

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Training, Colleges and Universities while I am on a placement as arranged by the university as a requirement of my program of study.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Placement Officer. An MTCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed in the event of injury.

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

Student Name:	Student Signature:	
Program:	Date:	
Organization:	Total Placement Hours	Visa Student? <input type="checkbox"/> Y <input type="checkbox"/> N
Parent/Legal Guardian’s Name (for student less than 18 years of age) <i>please print</i> :		
Signature:	Date	