

To help ensure mutual benefits between the university and participating business/organization; the Community Leadership Placement program and the participating business/organization complete an Agreement Form. This will provide opportunity for discussion regarding responsibilities, tasks, and expectations.

Student Commitment Statement

I, (please print name) _____ agree to devote a minimum of 50 hours to the business/organization listed below completing assigned placement responsibilities and activities. I agree to maintain confidentiality regarding information (personal and organizational) obtained through this placement.

Student Signature

Date

Declaration

By signature of an authorized representative, the Placement Organization/Employer hereby agrees to the following:

Students will complete the following clearance requirements prior to any work placement involvement: Police and Vulnerable Sector Check, 4-Step Ministry of Labour Health and Safety Training, First Aid/CPR Certification and Concussion Training, and the Placement Employer will provide any additional training or requirements to the student necessary for successful completion of work placement within their business/organization. Any additional fees for required trainings must be communicated with the Physical and Health Education (PHE) Coordinator, and be absorbed by the student being placed.

All training will be tracked and filed by the PHE Coordinator.

The Placement Employer will report non critical injuries to Nipissing University’s PHE Coordinator within three business days and will immediately report critical injuries:

(<https://www.workplacesafetynorth.ca/news/news-post/what-critical-injury>).

Business/Organization Name:	Date:
First and Last Name of Authorized Representative:	Signature:

<p>Placement Employer's organization is covered under the Workplace Safety & Insurance (WSIB) Board?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>

Please provide Nipissing University's PHE Coordinator with a signed copy of this document prior to the commencement of the unpaid work placement.

STUDENT PLACEMENT DETAILS

Student Name:	Student Signature
PHED 3106: <input type="checkbox"/> PHED 4106: <input type="checkbox"/>	Date:
Organization (i.e. Placement Host):	
Minimum of 50 hours of work placement agreed upon.	Visa Student? <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print</i> :	
Parent / Legal Guardian Signature:	Date:

Collection Notice Regarding Personal Information

Nipissing University protects your privacy and personal information. Personal information requested is collected under the authority of the Nipissing University Act, 1992, in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). The information may be used to confirm eligibility of the unpaid work placement with the Placement Organization and the MTCU. In the event of an injury, this information may also be shared with the WSIB and MOL to determine details pertinent to the injury. Direct any questions about this collection to Dr. Graydon Raymer, Director, School of Physical and Health Education: 705-474-3450 ext. 4449. Alternatively you can email clp@nipissingu.ca.

INSURANCE:

a) The **University** shall,

- i. The University shall maintain a Commercial General Liability policy which shall include coverage for medical malpractice and academic services, for limits of not less than \$5,000,000 per occurrence, covering claims made against it, its employees, servants, Students and agents for personal and bodily injury, including death, and property damage occurring as the result of the negligent act or omission of the School, its employees, servants, Students and agents done pursuant to this Agreement. The School agrees to include in its General Liability policy the organization as an additional insured. The policy shall be underwritten by insurers licensed to conduct business in the Province of Ontario. The Commercial General Liability policy shall include the cross liability and severability of interest clause. All policies will provide 30 days' notice of cancellation or non-renewal.
- ii. ensure that Workplace Safety and Insurance Board coverage is provided to the BScN students on work placement. This coverage will be recognized by the Province of Ontario for training participants (claims will be filed through the University with a special firm number), provided the ORGANIZATION is a firm member Workplace Safety and Insurance Board Employer;
- iii. ensure that University employees are covered under the University's Workplace Safety and Insurance Board policy;
- iv. upon request, deposit with the ORGANIZATION a copy of its insurance policy, or certificate thereunder from the insurer, naming ORGANIZATION as an additional insured, the policy to include a clause whereby the ORGANIZATION shall be notified by the University's insurer of any reduction in coverage or limits, or of termination of the policy, that would be detrimental to ORGANIZATION.

b) The **ORGANIZATION** shall,

- i. **ORGANIZATION** shall maintain a Commercial General Liability policy and Medical Malpractice Liability, for limits of not less than \$5,000,000 per occurrence, covering claims made against it, its employees, servants, and agents for personal and bodily injury, including death, and property damage occurring as the result of the negligent act or omission of the ORGANIZATION, its employees, servants, and agents done pursuant to this Agreement. The policies shall be underwritten by insurers licensed to conduct business in the Province of Ontario. The Commercial General Liability policy shall include the cross liability and severability of interest clause. The University shall be added as an additional insured to the Organization's Commercial General Liability Policy. All policies will provide 30 days notice of cancellation or nonrenewal;
- ii. Upon request, provide proof of insurance to the University.

INDEMNITY:

Nipissing agrees to indemnify and hold harmless the ORGANIZATION, its directors, officers, employees, agents, independent contractors and volunteers against all actions, causes of action, suits, claims, demands, judgments, costs, and any other damages including legal fees which the Organization may suffer as a result of negligence or wrongdoing of the University, its employees, and/or students or those persons authorized to act on behalf of the University.

The ORGANIZATION agrees to indemnify and hold harmless the University, its directors, officers, employees, agents, independent contractors and volunteers against all actions, causes of action, suits, claims, demands, judgments, costs, and any other damages including legal fees which the ORGANIZATION may suffer as a result of negligence or wrongdoing of the ORGANIZATION, its employees, and/or students or those persons authorized to act on behalf of the ORGANIZATION.

Placement Host Commitment Statement

I agree to guide this student’s work and ensure tasks assigned fulfill the learning objectives listed in the program handbook.

Placement Host Signature _____ Date _____

IN WITNESS WHEREOF the parties hereto have set their Corporate Seals as attested by the hands of their duly authorized signing officers.

NIPISSING UNIVERSITY

Dr. Graydon Raymer
Director, School of Physical and Health Education

Date

Mylae Robson
Physical and Health Education Coordinator

Date

ORGANIZATION

Authorized Representative Signature

Date

Title:

Placement Host Signature (if different from above)

Date:

Title: