

**Workplace Safety and Insurance Board or Private Insurance Coverage For Students on Unpaid Program Related Placements**

Please contact [HS@durhamcollege.ca](mailto:HS@durhamcollege.ca) if you require assistance to complete this form.

**Student coverage while on unpaid 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 (college). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on unpaid placements that are required by their program of study.

MCU also provides private insurance through Chubb Insurance to students should the 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 a Durham College student insurance plan or other insurance plan.

Please be advised that Durham College will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb Insurance claim to MCU.

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 Durham College placement coordinator.

**Declaration:**

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

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from the College and the Placement Employer. I will provide the College with written confirmation that I have received safety training.

I will promptly inform the College of any safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Durham College placement officer. Within 24 hours of the accident, I will complete the College's Accident/Injury report (online). The appropriate section of the MCU Post-secondary Student Unpaid Work Placement Workplace Insurance Claim form will be completed and signed in the event of injury and

submitted to the College placement officer.

In the event of an injury, I also agree to maintain regular contact with the College and to provide the College 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

Student First Name:  Last Name:

Program:  Date:

Visa Student:

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

Signature:  Date:

**Contact Information:**

Placement Officers  
Durham College, Faculty of Health Sciences  
905-721-3080

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