

4700 KEELE ST

TORONTO ON

CANADA M3J 1P3

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| STUDENT INFORMATION | | | |
| **Student Name:** | | | |
| **Student Number:** | | | |
| **Address:** | | | |
| **City:** | **Province:** | | **Postal Code:** |
| **Phone number:** | | **Email:** | |

**Re: Student Declaration of Understanding  
 Workplace Safety and Insurance Board or Private Insurance Coverage  
 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 a Training Agency (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 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 postsecondary programs whose placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions).

Yours truly,

Andrea Meghie RN, EdD

Manager, Clinical Resources Services

**Declaration**

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

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

Student name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_