



University  
of Windsor  
Faculty of Human Kinetics

## DEPARTMENT OF KINESIOLOGY

### Doctoral Community Internship

Please indicate the term of interest: Fall Term (September - December) \_\_\_\_\_ (year)

Winter Term (January - April) \_\_\_\_\_ (year)

Summer Term (May - August) \_\_\_\_\_ (year)

Name of the Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Intern Job Title: \_\_\_\_\_

Intern's Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return the completed form to:**

Department of Kinesiology, Graduate Secretary  
University of Windsor

Windsor, Ontario, Canada N9B 3P4

Phone: 519-253-3000 x2430

Fax: 519-973-7056

Email: shorne@uwindsor.ca



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#### Product of the Internship:

The specific product that the student is responsible for will be established in writing within the first 30 hours of the internship experience.

Review Paper ☐

Seminar ☐

Conference Presentation ☐

Organizational Efficiency Analysis ☐

Other: \_\_\_\_\_

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### Doctoral Community Internship Agreement Form

I, (Name and Student ID#) \_\_\_\_\_  
am a graduate student in the Department of Kinesiology. I agree to serve as an intern at  
\_\_\_\_\_ under the supervision of \_\_\_\_\_.

#### Section to be completed by the co-operating professional:

Student Job Title: \_\_\_\_\_

Hours per week: (must equate to 120-160 hours for the term): \_\_\_\_\_

Please check:      **Term:** Fall ☐      Winter ☐      Summer ☐      Year \_\_\_\_\_

**Paid (optional):** ☐      Not Paid: ☐

Position responsibilities: (Please attach)

Other conditions of internship experience: (Please attach)

#### The undersigned agree to the above conditions:

\_\_\_\_\_  
Student Intern      Date

\_\_\_\_\_  
Co-operating Professional      Date

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
University Supervisor

\_\_\_\_\_  
Date

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# DEPARTMENT OF KINESIOLOGY

## SAFETY ORIENTATION CHECKLIST

Placement Employer: This checklist may be used to document health and safety orientation provided to a student(s) prior to exposure to any hazards in your workplace. This checklist, or another format documenting orientation, must be returned to the University of Windsor placement coordinator.

<b>Student Name:</b>	<b>Student Number</b>	
<b>Organization Name:</b>		
<b>COMPLETE DURING ORIENTATION</b>		✓
Name of immediate supervisor and Joint Health and Safety Committee representative (JHSC) or Safety Representative		
Worker/supervisor rights and responsibilities		
Safe work procedures and operation of equipment		
Use of Personal Protective Equipment (PPE)		
Identification of restricted or prohibited areas, tools, equipment and machinery		
Hazards in the workplace that may affect the student, how they're controlled and how to deal with them		
What to do and who to see if the student has a safety concern		
What to do when there is a fire or other emergency (e.g., evacuation procedures)		
Location of fire exits and fire extinguishers		
Location of the first aid supplies, equipment, facilities: ▪ Names of staff responsible for first aid ▪ How to record first aid treatment		
Procedures for reporting accidents and injuries		
Workplace Hazardous Materials Information System (WHMIS)		
Workplace policies and procedures on: ▪ Workplace Harassment ▪ Violence prevention ▪ Working in isolation ▪ Smoking/Drinking/Substance abuse		
Location of other important information ▪ Materials Safety Data Sheet (MSDS) ▪ Joint Health & Safety Committee Minutes ▪ Instructions for safe operation of each piece of equipment (if applicable) ▪ Important telephone numbers		
<i>Other hazards covered during orientation should be documented and attached on an additional sheet.</i>		
<b>Signatures</b>		
Supervisor Name	Signature	Date
Student Signature		Date



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## DEPARTMENT OF KINESIOLOGY

### Letter to Placement Employers

#### Process for Workplace Insurance for Postsecondary Students on Unpaid Work Placements

The Ministry of Training, Colleges and Universities (MTCU) has implemented a new process for students enrolled in an approved Ontario university program that requires them to complete placements in a workplace as part of their program of study.

The Government of Ontario, through the Ministry of Training, Colleges and Universities (MTCU), pays the WSIB for the cost of benefits provided to Student Trainees enrolled in an approved program at University of Windsor and participating in unpaid work placements with employers who are either compulsorily covered or have voluntarily applied to have Workplace Safety and Insurance Board (WSIB) coverage.

MTCU also covers the cost of private insurance with ACE-INA Insurance for Student Trainees enrolled in an approved program at University of Windsor and participating in unpaid work placements with employers that are not required to have compulsory coverage under the Workplace Safety and Insurance Act.

The Workplace Educational Placement Agreement (WEPA) Form has been replaced by the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form*. Placement Employers and Training Agencies (universities) are not required to complete and sign the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* for each placement that is part of the student's program of study in order to be eligible for WSIB coverage. Instead, this form only needs to be completed when submitting a claim resulting from an on-the-job injury/disease. Please note that universities will be required to enter their MTCU- issued Firm Number in order to complete the online claim form.

The MTCU *Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements* and the new claim form are posted on the Ministry's public website at:

<http://www.tcu.gov.on.ca/pepg/publications/placement.html> (English) or  
<http://www.tcu.gov.on.ca/epep/publications/placement.html> (French)

Please note that all WSIB or ACE-INA Insurance procedures must be followed in the event of an injury/disease.

#### Declaration

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

That it will immediately report to the University any workplace injury or disease involving a student on an unpaid work placement. Where the Placement Employer is covered by the WSIB, the Placement Employer will comply with all WSIB reporting procedures. If the Placement Employer is not covered by the WSIB, then it will comply with the ACE-INA reporting procedures found in the MTCU "Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements."

When the Placement Employer is covered under the Workplace Safety and Insurance Act, a Form 7 will be completed and submitted to the University within three days of learning of a work related accident. The Placement Employer agrees to complete a **Letter of Authorization to Represent the Placement Employer** and to provide it to the University along with the completed Form 7.

The Placement Employer agrees that it will provide the Student Trainee with health and safety training and take appropriate precautions to ensure that the Student Trainee is supervised in order to protect the Student Trainee from health and safety hazards that may be encountered at the placement organization.



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The Placement Employer agrees to provide written confirmation that the Student Trainee has received the appropriate health and safety training.

In the event of a claim, the Placement Employer agrees that it will review the Student Trainee's restrictions and, where possible, modify the program as required in order to accommodate the Student Trainee to facilitate return to the program.

Organization:	Date:
Title:	Signature:
Employer's organization is covered under the Workplace Safety & Insurance Board? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*A signed copy of this document is to be returned to the University of Windsor placement coordinator, prior to the commencement of the work/education placement, and a copy is to be kept by the placement employer.*



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### **Student Declaration of Understanding**

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

##### **Student coverage while on unpaid 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 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 applicable student insurance plan or other insurance plan. Please be advised that the University of Windsor 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, and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions, and a copy provided to the University of Windsor placement coordinator prior to the commencement of the work placement.

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

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's placement coordinator within my faculty and notify them of any unresolved 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 University of Windsor placement coordinator. An MTCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University placement coordinator.

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



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### Doctoral Community Internship Completed Hours

<b>Student Name</b>	
<b>Student ID#</b>	

This is to confirm the above student has completed the 120-160 hours of work as part of the course.

<b>Date Hours Completed</b>	
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The undersigned agree to the above hours completed:

\_\_\_\_\_  
Student Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-operating Professional

\_\_\_\_\_  
Date

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