

Student Declaration of Understanding

Workplace Safety and Insurance Board or Private Insurance Coverage for Students on Unpaid Placements

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 (university). Students enrolled at an Ontario postsecondary institution are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements, either required or optional, that are part of an Approved Program. ([See the Guidelines](#) for details regarding eligibility for Ministry coverage.)

MCU also provides private insurance through Chubb Insurance (formerly ACE-INA) to students should their unpaid placement take place with an employer who is not covered under the Workplace Safety and Insurance Act and limited coverage where eligible placements 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 University of Windsor will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb claim to MCU.

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 Colleges and Universities while I am on an unpaid placement as part of an Approved Program.

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. A MCU 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.

I consent to the release of my personal information relating to the placement to my Placement Employer and MCU, including address, telephone number, date of birth and social insurance number.

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 Name:	Date:
Organization:	
Total Placement Hours (check year below): Yr1(108 hrs) Yr2-3 (264hrs) Yr4 (384hrs)	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 Signature:	Date:

Collection Notice Regarding Personal Information

University of Windsor protects your privacy and Personal Information. The Personal Information requested on this form is collected under the authority of The University of Windsor Act, 1962-63, in accordance with the Freedom of Information and Protection of Privacy Act ("FIPPA"). The information will be used to communicate with the Placement Employer – for example, to confirm eligibility for the Placement or in the event of a workplace accident.

Direct any questions about this collection to Ms. Andrea Reddam of the Faculty of Nursing at University of Windsor at 519-253-3000.



University of Windsor
Faculty of Nursing

Attestation of Notification of Change in Criminal Record Status

I acknowledge that it is my duty to inform the Faculty of Nursing Associate Dean at the University of Windsor of any criminal charges, convictions or pardons that have occurred in my police record since my last police clearance was obtained. Failure to do so may result in withdrawal from all clinical courses offered in the Faculty of Nursing.

Please print clearly:

Last Name: _____ First Name: _____

Student number: _____ Birthdate: _____

☐ I am **under 18** and cannot apply for my police clearance until by birthdate

☐ I am an undergraduate student entering year: 1 2 3 4

☐ I am a graduate/NP/Oncology/Palliative Care student

Date (yy/mm/dd): _____ Signature: _____

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University of Windsor

Faculty of Nursing

Student Verification of Health Status

Please print clearly:

Last Name: _____ First Name: _____

Student number: _____ Birthdate: _____

I am an undergraduate student entering year: 1 2 3 4

or

I am a graduate/NP/Oncology/Palliative care student

Declaration & Authorization for Disclosure of Information:

I understand that it is my responsibility to inform the appropriate personnel of any communicable disease, and/or any medical or non-medical condition that may place me at risk or pose a risk to others during clinical placements.

Please indicate if you have a latex allergy/sensitivity: Yes No

Note: Risk of exposure to latex products and equipment is possible at clinical placement sites and in the Faculty of Nursing Clinical Learning Centre. Repeated exposure(s) to latex may result in worsening of an existing latex allergy/sensitivity.

I hereby certify that I have no/no other condition(s) that may affect my ability to fulfill clinical placement responsibilities.

I authorize the release of my health information to:

1. The Faculty of Nursing, University of Windsor;
2. The clinical placement agency;
3. The treating medical site/institution (if required)

Date (yy/mm/dd): _____ Signature: _____

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