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Student Declaration of Understanding Workplace Safety and Insurance Board Coverage Unpaid Student Trainees in Clinical Placements

Student coverage while on placement:

Students of Health Sciences programs as identified by their university or college are eligible for Workplace Safety Insurance Board (WSIB) coverage of claims while on unpaid placements required by their program of study.

Ministry of Training, Colleges and Universities ensures that students on work placements receive WSIB insurance coverage for injuries or disease incurred while fulfilling the requirements of their placement.

Declaration:

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

I understand the implications and have had any questions answered to my satisfaction. I agree to immediately report any placement related injury or disease to the placement employer.

Release of Information:

I understand that my personal information will be released to the placement employer in the event of a workplace injury or disease at the placement employer's workplace during an unpaid placement. I understand that the Ministry of Training, Colleges and Universities, the college or university and placement employer will be required to release relevant personal information with each other and to the WSIB.

Student name (print): _____ Student signature: _____
Program/School: _____ Date: _____

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