



**STUDENT DECLARATION OF UNDERSTANDING**

**WORKPLACE SAFETY AND INSURANCE BOARD OR PRIVATE INSURANCE COVERAGE OF  
UNPAID STUDENT TRAINEES IN CLINICAL PLACEMENTS**

**Section 1 – Student Information**

University of Toronto Student Number:

Last Name:

First Name:

**Section 2 – Student Coverage While on Placement**

Students in 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 as required by their program of study. Private insurance will be provided should the unpaid placement required by their program of study take place within a site that is not covered by WSIB.

Ministry of Training, Colleges and Universities ensures that students on work placements receive WSIB for placement sites that have WSIB coverage and private insurance for sites that are not covered by WSIB for injuries or disease incurred while fulfilling the requirements of their placement.

**Section 3 – Declaration (Please check all boxes to acknowledge your understanding)**

- 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 training placements as arranged by the university or college as a requirement of my program of study.
- I understand and acknowledge that the WSIB insurance does not cover any self-initiated observership, including the Enriching Educational Experiences (EEE) program, informal shadowing or other clinical activities outside of the program that are not eligible for the Ministry of Training, Colleges, and Universities coverage.
- I understand and acknowledge that any claims of medical malpractice if made against clinical activities that are either part or not part of the core curriculum will be covered by the University of Toronto while I retain my registration status as a student in the Faculty of Medicine.
- 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 site.

**Section 4 – Release of Information**

**(Please check all boxes to acknowledge your understanding)**

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

**Section 5 – Authorization**

Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_