

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

Deadline: Please submit the completed form to Undergraduate Medical Education (UME) Enrolment Services (Medical Sciences Building, Room 2124, 1 King's College Circle, Toronto ON M5S 1A8) by **JULY 31, 2024**.

Notice of Collection

The University of Toronto respects your privacy. The personal information provided on this form will be used by the administrative and student service offices at the Temerty Faculty of Medicine to administer your enrolment and program-related activities in the University of Toronto Doctor of Medicine Program.

The personal information provided on this form will only be used and protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about this policy and/or ShareFile, please contact Hana Lee, Director, Enrolment Services & Faculty Registrar, at 1 King's College Circle, Toronto, Ontario, M5S 1A8 or registrar.medicine@utoronto.ca.

Section 1 – Student Information	
University of Toronto Student Number:	
Last Name:	First Name:
Section 2 – Student Coverage While on Placement	
<p>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 required by their program of study. See the Guidelines for details regarding eligibility for Ministry of Colleges and Universities (MCU) coverage.</p> <p>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. Students are additionally advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.</p> <p>Please be advised that the University of Toronto will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb claim to MCU.</p>	
Section 3 – Declaration	
Please check all boxes to acknowledge your understanding.	
<input type="checkbox"/>	I have read and understand that WSIB or private insurance coverage will be provided through the MCU while I am on training placements as arranged by the University as a requirement of my program of study.
<input type="checkbox"/>	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 MCU coverage.



Section 3 – Declaration (continued from Page 1)

Please check all boxes to acknowledge your understanding.

- 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. If requested by the University, I will provide 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 the Temerty Faculty of Medicine and notify them of any unresolved safety concerns.
- 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 while I retain my registration status as a student in the Temerty Faculty of Medicine.
- I understand that all accidents sustained while participating in an unpaid work placement and any placement related injury or disease must be immediately reported to the Placement Employer and my program 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 understand the implications and have had any questions answered to my satisfaction.

Section 4 – Release of Information

Please check all boxes to acknowledge your understanding.

- 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 a workplace injury or disease at the placement site’s workplace during an unpaid placement.
- I understand that the MCU, the University and placement site will be required to release relevant personal information to each other and to the WSIB or a private insurance company.
- 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.

Section 5 – Authorization

Signature: _____ **Date (YYYY-MM-DD):** _____