

**Seneca College of Applied Arts and Technology
Faculty of Continuing Education and Training Programs**

Process for Workplace Safety and Insurance Board coverage:

The Ministry of Training, Colleges and Universities (MTCU) has implemented a new streamlined process for students enrolled in an approved Ontario college program that requires them to complete unpaid work placements (ie. Field placement, externship, internship).

The Workplace Educational Placement Agreement (WEPA) Form has been replaced by the Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form.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 (colleges) are not required to complete and sign the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* for each student completing an unpaid work placement in order to be eligible for WSIB coverage or private insurance. Instead, this form only needs to be completed when submitting a claim resulting from an on-the-job injury/disease. Please note that the MTCU requires both the Training Agency (Seneca College) and the Placement Employer (the employer with whom the student is placed) to enter their MTCU- issued Firm Number in order to complete the online claim form. For employers who are not required to have WSIB coverage, MTCU has private insurance in place to cover students on unpaid work placements.

The new form has been posted on the Ministry's public website at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=1352&NO=022-13-1352E>.

Placement employers must comply with the Occupational Health and Safety Act of Ontario, the Ontario Fire Code and all other applicable Federal, Provincial and Municipal Acts and Regulations.

Please note that all WSIB procedures must be followed in the event of an injury/disease.

Declaration

By signature of an authorized representative here under we confirm our commitment to immediately report any workplace injuries or disease to Seneca College.

Our Centre / Agency / Facility has: WSIB coverage Private Insurance coverage

Signature: _____ Title: _____ Signator (Printed) _____

Placement Employer: (Printed) _____ Date: _____

Distribution : A copy with the original signature is to be returned to Seneca College and a copy is to be kept by the placement employer.

Field Placement Information

Name: _____

Address: _____

Contact Info:

Phone: _____

Email: _____