

WSIB Process for Student Trainees through the Ministry of Training, Colleges and Universities (MTCU) – September 2013 Revised

Student Trainees are students engaged in an Unpaid Work Placement with a Placement Employer. They are placed by training agencies (i.e. an educational institution such as Western) with employers (placement hosts) to obtain work skills and experience, but are not paid by the employer. The placement is considered to be a requirement of their publicly supported postsecondary education program. Students from Western who are on a training placement as a formal part of their course or program and are placed with employers covered under the Workplace Safety and Insurance Act are eligible to collect Workplace Safety and Insurance benefits in the event of a workplace accident. The Ministry of Training, Colleges and Universities (MTCU) provides coverage for WSIB benefits. Placement Employers do not pay assessments for students and accident costs are not charged against the placement employer nor are they reflected in the experience rating calculations.

Student Trainees who attend unpaid work placements with employers who are outside of or not covered under the Workplace Safety and Insurance Act are covered by an Accident Insurance Plan (ACE-INA Insurers) fully funded through the Ministry of Training, Colleges & Universities.

Generally these Student Trainees will be covered for WSIB by the Ministry of Training, Colleges & Universities, however, please refer to the following links for information regarding the process, coverage and eligibility questions: <http://www.tcu.gov.on.ca/pepg/publications/placement.html> and <http://www.tcu.gov.on.ca/pepg/publications/questions.html> and <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>

If there are any questions regarding student coverage, please contact Christine Stutt at ext 85562.

Prior to Student Trainees commencing an Unpaid Work Placement, the Training Agency (Western – Placement Coordinators/Supervisors) is responsible for:

- Informing Student Trainees that if they are injured or contracted a disease while on Unpaid Work Placement, the Training Agency will disclose personal information relating to the Unpaid Work Placement and any WSIB claim or ACE-INA claim to MTCU
- Informing Student Trainees that they are eligible to make a claim for benefits in the event of an injury/disease incurred while in an eligible Unpaid Work Placement
- Ensuring that the Placement Employer understands the coverage available to Student Trainees on Unpaid Work Placements
- Confirming whether the Placement Employer has WSIB coverage during the period of the Unpaid Work placement and,
- Ensuring that the Placement Employer, if it has WSIB coverage, is aware of WSIB reporting procedures in the event of an injury/disease

Reporting a Work-Related injury/Disease to WSIB:

- Reporting is required when a Student Trainee has an accident/incident/disease that requires health care for which there is a fee for service such as a physician, dentist, hospital, etc. and/or results in lost time from work
- Any such accident/incident is to be reported immediately to the University department which provided the student. The department is responsible for providing a copy of the accident report and completed copies of the Placement Workplace Insurance Claim form and Letter of Authorization to Christine Stutt,

fax number (519)661-2079. The University is required to submit all forms and the WSIB Form 7 to the Workplace Safety and Insurance Board within seven (7) business days of learning of the accident/incident.

If the Student Trainee has a workplace accident/injury/disease, the Training Agency (Western - Placement Coordinator/ Supervisor from Western must:

1. Ensure the Training Participant seeks the appropriate first aid or medical aid at the time of accident/injury/disease
2. Ensure an Accident/Incident report has been filled out by the employer (Placement Employer)
3. If the accident/injury requires anything over and above first aid, please fill out the Placement Workplace Insurance Claim Form, the Letter of Authorization to Represent Placement Employer and fax with a copy of the completed Accident/Incident Report to Christine Stutt, Wellness Information Coordinator at 519-661-2079 who will submit all paperwork to WSIB and the Ministry of Training, Colleges & Universities
4. WSIB and/or the Ministry will follow up with the Student Trainee with their claim number and any paperwork that needs to be completed and submitted
5. If the Student Trainee has questions regarding their claim, they should follow up with WSIB directly

If you have any questions regarding this process, please contact Christine Stutt at ext 85562 or email estutt@uwo.ca

You will receive workplace insurance compensation if you are:

- A student enrolled in an Approved Postsecondary Program;
- Injured or contracted a disease while on an Unpaid Work Placement; and
- Eligible for workplace insurance compensation as determined by,
 - the WSIB, if your Placement Employer is covered under the WSIA (WSIB 416-344-1000); or
 - ACE-INA, if your Placement Employer is not covered under the WSIA (ACE-INA 1-800-387-7199).

Claims under the WSIA are made by submitting the following required documents to WSIB, with copies to MTCU:

- a WSIB Form 7;
- the letter of authorization; and
- *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* completed by the student, the Placement Employer and the Institution.

If your Placement Employer is not covered under the WSIA, your eligibility for and payment of workplace insurance compensation will be determined by ACE-INA.

Claims under ACE-INA are made by submitting an ACE-INA designated form, completed in accordance with the ACE-INA instructions, with a copy to MTCU.

In this form:

- "ACE-INA" means the ACE-INA Insurers, a private insurer retained by the Government of Ontario.
- "Approved Postsecondary Program" means a postsecondary program offered by an Ontario college of applied arts and technology or an Ontario publicly assisted university, and funded through operating grants provided by the Ministry of Training, Colleges and Universities.
- "Institution" means the Ontario college of applied arts and technology or Ontario publicly assisted university at which the student is enrolled.
- "MTCU" means the Ontario Ministry of Training, Colleges and Universities or any successor ministry.
- "Placement Employer" means the employer providing the Unpaid Work Placement.
- "Unpaid Work Placement" means an unpaid work placement that is required as part of an Approved Postsecondary Program.
- "WSIA" means the *Workplace Safety and Insurance Act, 1997*.
- "WSIB" means the Workplace Safety and Insurance Board.

Note to Institution: As identified in the MTCU *Guidelines for Workplace Insurance for Postsecondary Students on Unpaid Work Placements*, it is your responsibility to inform students before they commence an Unpaid Work Placement that if they are injured or contracted a disease while on an Unpaid Work Placement, the Institution will disclose their personal information to MTCU, if relevant to a workplace insurance compensation claim.

A. Parties Consenting to the Unpaid Work Placement

1. Name of student

Last name	First name	Middle name
Student no.	Email address	Telephone no.

2. Name of Placement Employer

Name of Training Supervisor		
Last name	First name	Middle name
Email address		Telephone no.

2a. Placement Employer is covered under the WSIA, WSIB #: _____

2b. Placement Employer is covered under the ACE-INA

3. Firm #

Name of institution

Name of contact person		
Last name	First name	Middle name
Email address		Telephone no.

B. The Approved Postsecondary Program

1. Name of the Approved Postsecondary Program in which the student is enrolled

C. Student Unpaid Work Placement Schedule

1. What are the start and completion dates of the student's Unpaid Work Placement?

Start date (yyyy/mm/dd): _____ Completion date (yyyy/mm/dd): _____ Total days: _____

2. What are the normal hours of the student's Unpaid Work Placement?

From (hh:mm): _____ To (hh:mm): _____ Shift work: Yes No

3. What are the normal days of the week of the student's Unpaid Work Placement?

Specify days: _____ To: _____

D. Confirmation of Institution

I, _____
Last name, first name
_____ am authorized to complete this confirmation on behalf of the institution.
Position title

I hereby confirm that:

1. I have read the definitions of Approved Postsecondary Program and Unpaid Work Placement above.
2. The above-named student was enrolled in an Approved Postsecondary Program offered by the Institution and was injured or contracted a disease during an Unpaid Work Placement relating to that program.
3. The Institution has provided the student with notice that it will be disclosing personal information relating to the Unpaid Work Placement and any WSIB or ACE-INA claim to MTCU.
4. I have been informed by the Placement Employer that:
 a. the Placement Employer has WSIB coverage for the entire period of the placement as indicated in Section C.
 b. the Placement Employer is not covered by WSIB for the entire period of the placement as indicated in Section C.

Signature of institution representative

Date (yyyy/mm/dd)

X

Confirmation of Placement Employer

Note: this confirmation may be completed by the student's Unpaid Work Placement training supervisor or other person authorized to complete the confirmation on behalf of the Placement Employer.

I, _____
Last name, first name
_____ am authorized to complete this confirmation on behalf of the Placement
Position held

Employer. I hereby confirm:

1. The Unpaid Work Placement Schedule for the above-noted student as identified in Part C above.
2. The student was injured or contracted a disease while on an Unpaid Work Placement with the Placement Employer.
3. The Placement Employer:
 a. has WSIB coverage for the entire period of the placement as indicated in Section C.
 b. is not covered by WSIB for the entire period of the placement as indicated in Section C.

Signature of Placement Employer Representative

Date (yyyy/mm/dd)

X

Notice of Collection and Consent of Student

MTCU collects your personal information, directly from you and indirectly from your postsecondary institution, your placement employer and either the Workplace Safety and Insurance Board (the Board) or ACE-INA Insurers (the Insurer) to administer and finance the payment of your workplace insurance compensation. Administration includes verifying your eligibility, making payments to the Board or the Insurer and evaluating, monitoring and auditing MTCU's coverage of workplace insurance compensation.

I hereby confirm the accuracy of the personal information about me on this form and consent to the indirect collection of personal information by MTCU.

Signature of student

Date (yyyy/mm/dd)

X

Signature of parent/guardian if under 18

X



Ministry of
Training, Colleges and
Universities

Ministere de la Formation
et des Colleges
et Universites

Mowat Block
900 Bay Street
Toronto, ON M7A 1L2

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900, rue Bay
Toronto, ON M7A 1L2

Letter of Authorization to Represent Employer

This section to be completed by Training Agency

Please be advised that the following Training Agency will serve as the Employer's representative in matters pertaining to WSIB in this work related injury.

Training Agency: The University of Western Ontario Firm #: 825014
Address: Room 4159, Support Services Building
City: London Province: Ontario
Postal Code: N6A 5B8

Contact Person: Christine Stutt Phone Number: 519-661-2111, ext 85562
Fax Number: 519-661-2079

This section to be completed by the Placement Employer:

_____, unpaid training participant is claiming that he/she
(Student Trainee's Name)

Suffered a work related injury on _____ while on work placement with our company.
(Date)

Trainee's Social Insurance Number: _____

Company Name: _____

Address: _____

City & Province: _____

Postal Code: _____ Firm # _____

Contact Person (Supervisor): _____

Phone Number: _____

Placement Employer's Authorization Signature

Date

To be attached to Form 7 and sent to WSIB