

Student Declaration of Understanding

This form must be completed by students for each program-related internship.

Workplace Safety and Insurance Board or Private Insurance Coverage

The government of Ontario through the Ministry of Training, Colleges and Universities (MTCU) reimburses Workplace Safety and Insurance Board (WSIB) for the cost of benefits it pays to student trainees enrolled in an approved program at a training agency (university). Ontario students are eligible for the following:

- › WSIB coverage while on placements that are required by their program of study
- › Private insurance should unpaid placements required by their program of study take place with an employer that is not covered under the [Workplace Safety and Insurance Act](#)
- › Limited insurance coverage in publicly supported postsecondary programs whose placements are arranged by their postsecondary institutions to take place outside of Ontario (international and other Canadian jurisdictions)

Declaration

- By signing this legal document, you are confirming that you read and understand that WSIB or Private Insurance Coverage will be provided through MTCU while you are on placement as arranged by the university as a requirement of your program of study. Additionally, you are giving up certain legal rights including the right to sue.

Student Name	Student Signature	Date (DD/MM/YY)
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Ryerson Student Number	Ryerson Email	Permanent Telephone
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Permanent Address (Street, City, Province, Postal Code)

Current Address if Different From Permanent Address (Street, City, Province, Postal Code)

- For Students Less Than 18 Years of Age:

Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date DD/MM/YY
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