

## Instructions

The Ministry of Education provides workplace safety and insurance coverage under the *Workplace Safety and Insurance Act, 1997* for Ontario pupils participating in work education or experiential learning programs who are 14 years of age or older and not receiving wages. The ministry's policy regarding this coverage is set out in Policy/Program Memorandum (PPM) No. 76A.

This agreement must be completed prior to a student starting the work placement component of a work education or experiential learning program. A separate agreement must be used for each student.

The information contained in this agreement will be used by the District School Board to maintain the placement record of a student participating in a work education or experiential learning program. The board will provide a copy of this agreement to the ministry and the Workplace Safety and Insurance Board in the event of a workplace injury or disease, along with the Employer's Report of Injury/Disease (WSIB Form 7). The ministry may also use the information in this agreement to verify eligibility for coverage under the ministry's policy.

## Definitions

**Board** means the school board that is a party to this agreement.

**Ministry** means the Ontario Ministry of Education.

**Placement employer** means the person representing the business or organization with which the student is placed for the purposes of the work education or experiential learning program.

**Placement supervisor** means the individual or individuals designated by the placement employer to supervise and guide the student's learning.

**Work education programs (also referred to as experiential learning programs)** are programs that encompass short-term opportunities such as work experience, longer-term opportunities such as cooperative education, and placements that may comprise all or part of some students' individualized programs in Supervised Alternative Learning (SAL).

**Work placement** means the working component of the work education or experiential learning program, where the student is performing duties and/or tasks assigned to them by the placement employer or placement supervisor.

**WSIA** means the *Workplace Safety and Insurance Act, 1997*.

**WSIB** means the Workplace Safety and Insurance Board.

## General Conditions

1. The board has approved a work education or experiential learning program for students in its schools.
2. The placement employer and the student have agreed to participate in a work education program or experiential learning program on the terms and conditions herein set forth.
3. Any party to this agreement may, with or without cause, terminate this agreement with notice in writing to the other parties.
4. During the hours of the work placement indicated in this agreement, the student will be under the supervision of the placement employer or placement supervisor. However, at times that are mutually agreed upon with the placement employer or placement supervisor, board representatives will be allowed access to the work placement and the student.
5. The placement employer agrees that the duties and/or tasks that comprise the student's learning during the work placement will in no way affect the job security of any full-time employee.
6. Where the student is not receiving wages, or the student is receiving wages but WSIA coverage is not provided by the placement employer, then, pursuant to the *Education Act*, the student, for the purposes of coverage, will be deemed to be an employee of the ministry upon the execution of this agreement and the commencement of duties and/or tasks by the student at the work placement. WSIB coverage will be provided by the ministry under Schedule 1 of the WSIA.
7. Where the student is receiving wages from the placement employer when participating in a work education or experiential learning program, and the placement employer is an employer who is required to provide, or who has applied for, WSIB coverage, then the placement employer is considered to be the employer under the WSIA and is responsible for providing WSIA coverage and reporting claims to the WSIB.

## Frequently Asked Questions

### What ensures Workplace Safety and Insurance Board coverage?

To ensure coverage under the WSIA, a Work Education Agreement form must be completed by the parties concerned before the student begins the work placement with the placement employer.

### Who is Covered?

Coverage under the WSIA is provided for all students who participate in work education or experiential learning programs administered by a board.

### Who provides coverage?

- **Where students do not receive wages**, the ministry is considered the employer for purposes of WSIA coverage, and provides the coverage. (This is also the case when a board or a school is the placement employer.)
- **Where students do receive wages**, the placement employer is considered the employer under the WSIA and is responsible for providing coverage. If the placement employer is one of the few types of businesses that are not required to register for WSIA coverage, such as banks, the ministry is considered the employer for purposes of WSIA coverage, and provides the coverage.

### When are students covered?

Coverage under the WSIA applies only to the hours of the work placement stated in the WEA form (or the modified hours stated in an addendum to the agreement, made in accordance with PPM No. 76A), where the student is performing assigned duties and/or tasks under the supervision of the placement employer or placement supervisor. Students are generally not covered while they are travelling to and from the work placement.

### What types of benefits are payable?

Under the WSIA, employees who have sustained a workplace injury or contracted a disease are eligible to receive benefits, such as compensation for loss of earnings and permanent impairments, and health care and rehabilitation services. More information on these benefits can be found on the WSIB website.

### When is a Workplace Safety Insurance Board report required?

A student who sustains an injury or contracts a disease, however minor, during the work placement component of a work education or experiential learning program should report the injury or disease to the placement employer and/or placement supervisor, and to the appropriate teacher. The student's report should include full details, such as the time, place, and precise circumstances under which the injury was sustained or the disease contracted. A work-related injury or disease requiring only first-aid treatment does not have to be reported to the WSIB; however, the board must keep a record of such an injury or disease. If treatment (beyond first aid) is required from a health care professional, or if an injury or disease results in loss of time from the work education or experiential learning program, then a report must be sent to the WSIB, along with a copy of the WEA.

### What are the reporting procedures in the case of a workplace injury or disease?

In the event of a workplace injury or disease that requires treatment from a health care professional and/or results in lost time from the placement, the board representative (for ministry-covered placements) or the placement employer representative (for employer-covered placements) must submit the WSIB's Employer's Report of Injury/Disease (Form 7) to the WSIB. The Form 7 report, along with a copy of the WEA, must be submitted within **3 business days** of the student's reporting the injury or disease to the school, and must be received by the WSIB within **7 business days** of the student's report to the school.

The reporting procedures required for situations in which the ministry provides coverage for WSIB benefits are detailed in [PPM No. 76A](#).

Cooperative education     Other work education or experiential learning program

District School Board

Date Completed (yyyy/mm/dd)

**1. Parties to the Agreement**
**Student**

Last Name	First Name	Middle Initial	Age
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**Current Address**

Unit Number	Street Number	Street Name	PO Box
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City/Town	Province	Postal Code
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Home Telephone Number	Mobile Telephone Number
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**If the student is enrolled in a cooperative education course, please complete the following:**
 Cooperative Education Linked to a Related Course (or Courses)

Name of Related Course (or Courses): \_\_\_\_\_

 Creating Opportunities through Co-op, Grade 11, Open (DCO30)

**Work Placement**

Name of Business or Organization

Sector	Name of Placement Supervisor
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Email Address of Placement Employer or Placement Supervisor

**Work Placement Address**

Unit Number	Street Number	Street Name	PO Box
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City/Town	Province	Postal Code	Telephone Number
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**School**

Name of School	Name of Teacher
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**School Address**

Unit Number	Street Number	Street Name
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City/Town	Province	Postal Code	Telephone Number
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**2. Specific Time at Placement**
**Period of Agreement**

The student shall, from \_\_\_\_\_ to \_\_\_\_\_ faithfully, honestly and diligently perform the duties

Date (yyyy/mm/dd)                          Date (yyyy/mm/dd)

and/or tasks related to their learning at the work placement as \_\_\_\_\_  
Job Title

and devote their whole time and attention to such work placement during the hours hereunder prescribed.

### Work Placement Hours

The normal hours at the work placement shall be from \_\_\_\_\_ to \_\_\_\_\_

### Schedule

Identify the days of the week when the student will be at the work placement (or attach student's schedule):

### 3. Workplace Safety and Insurance Act (WSIA) Coverage

Coverage under the WSIA will be provided for the work placement by:

Placement Employer

For the entire period of the work placement as specified in section 2 of this agreement

For the period between

\_\_\_\_\_ and \_\_\_\_\_  
Date (yyyy/mm/dd) Date (yyyy/mm/dd) (inclusive)

Ministry of Education

For the entire period of the work placement as specified in section 2 of this agreement

For the period between

\_\_\_\_\_ and \_\_\_\_\_  
Date (yyyy/mm/dd) Date (yyyy/mm/dd) (inclusive)

**The following information is for data collection purposes. It is to be completed by the school/board at end of the work placement:**

Number of work placement hours for which WSIA coverage has been provided:

By the Placement Employer

School year: 20 \_\_\_\_ - 20 \_\_\_\_ Hours: \_\_\_\_\_

By the Ministry of Education

School year: 20 \_\_\_\_ - 20 \_\_\_\_ Hours: \_\_\_\_\_

### 4. Signatures of Parties to the Agreement

Student Name	Student Signature	Date (yyyy/mm/dd)
Parent/Guardian Name	Parent/Guardian Signature	Date (yyyy/mm/dd)
Placement Employer/Supervisor Name	Placement Employer/Supervisor Signature	Date (yyyy/mm/dd)
Teacher Name	Teacher Signature	Date (yyyy/mm/dd)

The original signed copy of this agreement should be retained by the school/board. Each party to this agreement should be provided a copy of the signed agreement.

### Notice of Collection of Personal Information

The personal information in this form is being collected by the school board consistent with subsection 29(1) of the *Municipal Freedom of Information and Protection of Privacy Act* for the following purposes:

- Maintaining a placement record at the board of a student participating in a work education or experiential learning program.
- Confirming whether workplace safety and insurance coverage for students would be provided by the Ministry of Education or the placement employer in accordance with PPM No. 76A made under subsection 8(1) paragraph 9 of the *Education Act*.

The personal information in this form will also be shared by the board with the ministry in accordance with the authority for indirect collection of personal information by the ministry in subsection 8.1(1) of the *Education Act* for the following purposes:

- Supporting the process of making a claim to the WSIB in accordance with sections 21 and 22 of the *Workplace Safety and Insurance Act, 1997* in the event of a workplace injury or disease.
- Confirming eligibility for workplace safety and insurance coverage under the ministry's policy.

For inquiries regarding the school board's use of personal information in this agreement, contact the:

Role	Department Name
School Board Name	Telephone Number

**Address**

Unit Number	Street Number	Street Name	PO Box
City/Town	Province		Postal Code

For inquiries regarding the ministry's use of personal information in this agreement, contact the Director, Program Implementation Branch, Ministry of Education at (416) 844-2709, 315 Front St. W., 13th Floor, Toronto ON M7A 0B8.