



TERMS AND CONDITIONS FORM FOR UNPAID POST-SECONDARY PLACEMENTS

To be completed by the Post- Secondary Institution/Training Agency with the placement student and returned to the Waterloo Region District School Board (WRDSB) prior to the commencement of the unpaid work/academic placement. An equivalent form used by the institution or training agency may be submitted in place of this form.

For more information and resources visit: www.wrdsb.ca/unpaid-post-secondary-placements

SECTION A: *Contact Information*

A1. STUDENT INFORMATION

Full Name:	Student ID:
Local Address:	Primary Phone:
	Alternate Phone:

A2. STUDENT EMERGENCY CONTACT

Full Name:	Primary Phone:
Relation:	Alternate Phone:

A3. INSTITUTION/TRAINING AGENCY INFORMATION

Institution/Training Agency:		
Program:	Course:	
Type of Placement: <input type="checkbox"/> Internship <input type="checkbox"/> Co-op <input type="checkbox"/> Practicum <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____		
Coordinator's Name:	Title:	
Coordinator's E-mail:	Phone:	Ext:
Emergency Contact:	Phone:	Ext:

SECTION B: *Placement Details (to be agreed upon by the placement Administrator/Supervisor)*

B1. PLACEMENT LOCATION INFORMATION

School/Building(s):		
Department(s):		
Classroom/Office/Workstation Location(s):		
Start Date:	End Date:	
Supervisor's Name:	Title:	
Supervisor's E-mail	Phone:	Ext:

B2. CONDITIONS OF THE UNPAID PLACEMENT *(to be defined by the placement Administrator/Supervisor)*

Please describe the major responsibilities and any specific terms or conditions of the work/academic placement:

- ☐ A valid Police Vulnerable Sector Check is required for all placements within the WRDSB (dated within the past 6 months) and must be provided to the placement supervisor the first day of placement. ***May take up to 3 weeks to obtain.**

SECTION C: Acknowledgement and Signatures

C1. PLACEMENT COORDINATOR SIGNATURE *(select and acknowledge one of the following)*

I confirm that the placement is a requirement of an academic program and that the institution/training agency coordinating the student placement is:

- ☐ Part of an Ontario publicly-supported post-secondary education or training program that is funded through the Ministry of Training, Colleges and Universities (MTCU) operating grant; or
- ☐ Is not part of an Ontario publicly-supported post-secondary education or training program funded through the MTCU operating grant. **Proof of Workplace Safety Insurance Board (WSIB) coverage or valid insurance is attached.**

Placement Coordinator's Signature

Date

C2. STUDENT SIGNATURE *(select and acknowledge both of the following)*

- ☐ I acknowledge and accept the conditions of the unpaid placement.
- ☐ I acknowledge that if I am injured or contract a disease while performing work duties at the unpaid placement, the Waterloo Region District School Board and/or training agency/institution will disclose personal information to the Ministry of Training, Colleges and Universities and/or Workplace Safety Insurance Board, if relevant to a workplace insurance compensation claim.

Student's Signature

Date

PLEASE ENSURE THAT THE ORIGINAL COMPLETED FORM IS PROVIDED TO THE ADMINISTRATOR/SUPERVISOR OF THE WRDSB PLACEMENT SITE PRIOR TO THE START OF THE PLACEMENT.



A completed copy of this form, along with all other unpaid placement documentation, must be retained on site by the administrator/supervisor or office of the WRDSB supervising the placement, for a minimum of the duration of the placement plus six years.