

### STUDENT INFORMATION

**Student Name:**

**Student Number:**

**Address:**

**City:**

**Province:**

**Postal Code:**

**Phone number:**

**Email:**

**Re: Student Declaration of Understanding  
 Workplace Safety and Insurance Board or Private Insurance Coverage**

### Student coverage while on placement

I acknowledge and understand that as a paid employee of the Practicum Centre I am not eligible for WSIB for unpaid learns sponsored by the Ministry of Advanced Education and Skills Development.

Further, I acknowledge and understand that as a paid employee of the Practicum Centre there is no coverage under the University general liability and malpractice liability insurance.

I agree that York University shall not be liable for any injury, loss or damage to my property during the placement.

Yours truly,

signature

