

# WSIB RESPONSIBILITY MATRIX

	Student	CI / Preceptor	Clinical Education Office
<b>University of Toronto Students on Unpaid Work Placements Accident Report</b>	complete middle two sections on page 1 "Student Trainee Information" and "Reporting Information"	complete everything in yellow highlight (see example), this includes the top portion of page 1 i.e. indicate appropriate option "No Injury" vs. "Injury/Illness", in most cases "No Lost Time" is indicated (only indicate Lost Time if student is not able to return to their placement for a significant amount of time and therefore is unable to graduate on time), complete "Incident Information" bottom of page 1 and continued on page 2, complete "Confirmation of Placement Employer" and sign bottom of the form with date	send to Bridgid McNulty
<b>Postsecondary Student Unpaid Work Placement Workplace Insurance Claim</b>	complete sections A, B and C and sign	complete section D and sign	complete section D and send to Bridgid McNulty
<b>Letter of Authorization to Represent Employer</b>		complete section where it says Placement Employer	Complete section where it says Training Agency and send to Bridgid McNulty

# University of Toronto

## Student on Unpaid Work Placements Accident Report

<b>No Injury</b>	<b>Injury/Illness</b>			
<b>Incident</b>	<b>Exposure</b>	<b>First Aid</b>	<b>Healthcare</b>	<b>Occupational Disease</b>
<b>No Lost Time</b>	<b>Lost Time</b>			
	Date and time last worked (dd/mm/yy, hh:mm, am/pm)		Date and time returned (dd/mm/yy, hh:mm, am/pm)	

### STUDENT TRAINEE INFORMATION

Last Name		First Name	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary/ third gender <input type="checkbox"/> Prefer not to say			
Home Address			Postal Code
Phone Number		Date of Birth (dd/mm/yy)	
Social Insurance Number		Placement start date (dd/mm/yy)	
Program enrolled in		U of T Placement Coordinator	

#### Notice of Collection and Consent of Student

The University of Toronto respects personal your privacy and protects personal information in accordance with applicable privacy legislation, including the Freedom of Information and Protection of Privacy Act. The University of Toronto collects your personal information, pursuant to section 2(14) of the University of Toronto Act, 1971, directly from you, and also indirectly from your placement employer. The University will protect all personal information in accordance with applicable privacy legislation. Personal information is collected for the purposes of administering the University's responsibilities under the Workplace Safety and Insurance Act. If you have any questions, please contact the University Coordinator Student Placements, Office of the Vice-Provost, Students, Simcoe Hall, RM221, 27 King's College Circle, Toronto, M5S 1A1, Tel: (416) 946-0777.

I hereby confirm the accuracy of the personal information about me on this form and consent to the indirect collection of my personal information from my placement employer by the University of Toronto

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### REPORTING INFORMATION

Date and time of injury (dd/mm/yy, hh:mm, am/pm)	Date and time reported (dd/mm/yy, hh:mm, am/pm)
If injury not reported immediately – state reason	
To whom was injury reported: (name/title/telephone)	
Was medical attention sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes - name, address and phone number of treating health professional	

### INCIDENT INFORMATION

**What happened to cause the accident/injury? (Attach additional information if required)**

## INCIDENT INFORMATION (CONTINUED)

Explain what the training participant was doing and the effort involved

Describe the injury, part of body involved and specify left or right side

Identify the size, weight, and type of equipment or materials involved

Where did the accident occur? (location, building, room #)

What conditions attributed to the accident and what steps have been taken to prevent recurrence?

Name, title and phone number of any witnesses who were aware of the accident.

Did the accident occur outside of Ontario? If yes, state where ☐ Yes ☐ No ☐ Yes

Was anyone who does not work for the placement Employer responsible? ☐ No ☐ Yes ☐ No

Do you have any reason to doubt the history of the injury? ☐ Yes ☐ No ☐ Yes

Was student trainee doing work other than for the placement employer? ☐ No ☐ Yes

Was there serious and wilful misconduct involved? ☐ No ☐

Do you know if student trainee had a similar previous disability? ☐ ☐

If yes to any above questions please provide further details.

## Confirmation of Placement Employer

Name of Placement Employer Representative

Placement Employer Address

Placement Employer Representative Phone Number

Placement Employer Representative Signature

Date