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| Logo FacEdu | *University of Lethbridge Faculty of Education*  *Master of Education (Counselling Psychology) / Master of Counselling*  WCB Agreement for Students in Practicum Placements  *(Risk & Safety Services: Schedule “B”)* |

Section 7(1)(c) of the General Regulations to the *Workers’ Compensation Act* of Alberta states that students **registered in and physically attending** an Alberta public post-secondary institution operating under the Post Secondary Learning Act are considered workers of the Government of Alberta and have WCB coverage under the government’s worker’s compensation account.

* WCB coverage also extends to such students while they are participating in or attending work experience or practicum placements **in Alberta** that are part of their studies.
* WCB coverage also extends to such students **registered in and physically attending** an Alberta public post secondary institution while they are participating in work experience or practicum placement outside of Alberta, provided they meet the following criteria relating to Section 28(1) of the *Workers’ Compensation Act*.

1. Resident of Alberta
2. Student attending the facility (campus-based students/students registered at Alberta facility (distance learning students)
3. Course is part of a recognized program.
4. Placement is part of a required course.
5. Period of time to be spent out of the province is less than 12 consecutive months.
6. Confirmation that the other province or country will accept the extension of coverage by the   
   WCB of Alberta.

* Distance Learning Students (Alberta residents and non-Alberta residents) who are enrolled at an Alberta public post secondary institution and **who are Canadian Citizens** are also deemed to be workers of the Government of Alberta for the purpose of WCB coverage **while they are participating in or attending** program-related practicum and working experience placements **in Alberta**.
* Distance Learning Students enrolled who are enrolled at an Alberta public post secondary institution who are Alberta residents and **Canadian Citizens** are deemed to have WCB coverage while participating in program related or course related work experience or practicum placements outside Alberta, provided that they meet the criteria relating to Section 28 of the *Worker’s Compensation Act*, as indicated above. WCB coverage would follow the student to a placement outside of Alberta.
* **Distance learners who are residents of other provinces and who are participating in placements outside of Alberta are NOT covered under the Alberta Worker’s Compensation Act and should contact Risk and Safety Services prior to the commencement of their placement to ensure coverage or alternate private insurance coverage is in place for the protection of the student for the duration of the practicum placement.**
* **Distance Learners who are NOT Canadian Citizens should contact Risk and Safety Services prior to the commencement of their placement to ensure coverage or alternate private insurance coverage is in place for the protection of the student for the duration of the practicum placement.**

**WCB Agreement for Students in Practicum Placements**

***Please Read Carefully!***

**WARNING**: **By signing** this document you will **WAIVE** the legal right to sue the Governors of the   
University of Lethbridge or your practicum site for injuries occurring at you practicum site.

**TO: The Governors of The University of Lethbridge (“University of Lethbridge”)**

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| **NAME OF STUDENT**: |  |
| Address of Student: |  |
| University of Lethbridge ID #: |  |
| Educational Program: |  |
| Province/Country of  Practicum Site(s): |  |

1. I am aware that as a requirement of my Educational Program, I am required to successfully complete practicum courses and that all practicum courses must be completed at Practicum Sites approved by the University of Lethbridge, Faculty of Education.
2. I am further aware that by participating in these practicum courses I may be exposed to hazards and risks at the Practicum Site, which could result in injury, illness, death, loss, expense and other liabilities or consequences.
3. I fully acknowledge that I have read the information provided in Schedule “B” WCB Coverage for Students and that I fully comprehend the information provided and my obligations, if any, to ensure the placement of WCB coverage or alternate insurance coverage if coverage is not available to me as noted in Schedule “B”.
4. I acknowledge that I may be entitled to Workers Compensation Coverage through Alberta Learning in the event of any injury, illness, death, loss, expense and other liabilities or consequences sustained by me arising from my presence at the Practicum Site.
5. I understand if I am not entitled to Alberta WCB Coverage as noted in Schedule “B” that I must contact the University’s Risk and Safety Services to ensure WCB coverage or alternate private insurance coverage is in place prior to the commencement of the placement experience.
6. I understand that I, my heirs, next of kin, executors, administrators and assigns, are prevented from claiming against or suing the University of Lethbridge or the Practicum Site for damages arising from any injury, illness, death, loss, expense and other liabilities or consequences that I may sustain arising from my activities and presence at the Practicum Site.
7. I understand that I am required to inform Employee Health & Wellness at (403) 332-5217 and Risk and Safety Services at (403) 382-7176 within 24 hours of any injury or illness that I may experience at the Practicum Site. I acknowledge and understand that there is a requirement to report such injury to the appropriate Workers’ Compensation authority of the Province of Practicum Site within 72 hours. I further understand that my failure to do so may impair or impede my access to Workers Compensation insurance or any other available insurance coverage.

**I have read and understood the information provided in this Agreement and I agree to accept Workers’ Compensation insurance coverage available to me or ensure the placement of alternate coverage during my Practicum courses. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the University of Lethbridge other than what is set forth in this Agreement.**

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_\_\_\_\_\_\_\_

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*Signature of Student Signature of Witness (Non Family Member)*

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*Print Name of Witness*

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| FOR ADMINISTRATIVE USE ONLY: Student has been reported to Risk & Safety Services & Employee Health & Wellness for WCB registration. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_\_\_\_\_ |