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# **Work Education Agreement**

Date:	School:		
Course:	Phone No.		
A. PARTIES TO THE	AGREEMENT		
Student:		Email:	
Teacher:		Phone No.:	
Work Placement:			
Address:		Employer:	
Supervisor:		Phone No.:	
WCB Firm Number:		Email:	
B. DESCRIPTION O	F WORK PLACEMENT		
1. Duration: Dates -	from	_ to	
Hours –	from	_ to	
2. Duties which the stud	dent may perform during the Work P	lacement:	
a			
b			
C			
d			
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#### C. WORK-BASKED LEARNING CONSENT FORM

#### Introduction

Work-based learning is a school program whereby students practice theory learned in school by working with a local employer. Students are not paid and may be placed with more than one local employer.

Students participating in the program are covered under the provincial worker's compensation scheme during the time spent in the work-based component. Worker's compensation is a collective liability no-fault protection plan for injured workers. A work injury is essentially a chance event occasioned by a physical or natural cause. The Workers' Compensation Act, 1979 (the "Act") provides students with compensation for medical expenses and may provide compensation for loss of certain future wages. All long-term benefits provided under the Act apply to students in work-based learning. Registered employers and their workers who participate in work-based learning cannot be sued for injuries that occur to students arising out of, and in, the scope of employment.

The Workers' Compensation Board (the Board) and the Minister of Education (the Minister), entered into a Memorandum of Understanding (the Agreement) to extend the foregoing workers' compensation benefits to eligible students. The Board ordered that such students be covered, upon the proper completion of the following consent.

The Act and the Agreement more particularly detail the rights and obligations of students in work-based learning.

## **Consent**

The student (and the parent/guardian of the student, if minor) consent:

- 1) to the eligible student participating in a work-based learning program and
- 2) to the Minister having applied on behalf of the eligible student to the Board for an order that the student be brought within the scope of *The Workers' Compensation Act*, as a worker, and
- 3) agree with the local employer and workers covered by the Act and the relevant school to be subject to the legal rights, benefits, obligations, and restrictions while place with the local employer.

### D. INSURANCE COVERAGE

- 1. Workers' Compensation Board The student is covered under <u>The Workers'</u> <u>Compensation Act</u> within the scope of this Agreement.
- 2. Liability and Insurance
  - a) The Living Sky Board of Education maintains insurance with respect to <u>its</u> liability under the Work Education Program.
  - b) The employer carries a minimum of \$2 million third party liability insurance.
- 3. Property Damage The employer will assume responsibility for all property damage caused by the student. This includes the deductible portion of the insurance policy.

# E. SIGNATURE OF THE PARTIES OF THE AGREEMENTS

Student:			
	Name (Please Print)	Signature	Date
Teacher:			
	Name (Please Print)	Signature	Date
Employer:			
	Name (Please Print)	Signature	Date
Parent/:			
Guardian	Name (Please Print)	Signature	Date