



## Acknowledgment of Compliance by the WIL Employer Partner/Agency During COVID-19

### Host Organization Name:

(referred to below as the “Placement Host”, such term including, as the case may be, officers, governors, directors, employees, patients, clients successors, heirs, trustees, assigns, agents and representatives of any kind or nature whatsoever)

### Organization Address:

(referred to below as the “Placement Location”)

**Dates of WIL/Placement (MM/DD/YY) -**

**Start:**

**End:**

In consideration of The George Brown College of Applied Arts & Technology (“George Brown College”, such term including the college’s governors, officers, employees, students, employees, successors, trustees, assigns, agent and representatives of any kind or nature whatsoever) agreeing to permit the Student to complete the WIL/Placement Term, as well as other good and valuable consideration, the Placement Host certifies and agrees as follows:

(a) it is operating in accordance with all applicable provincial and regional laws, including the applicable Emergency Act and Public Health Act of the province and the applicable *Occupational Health and Safety Act* and regulations made under it where the placement is taking place or if the placement takes place in Ontario pursuant to the *Emergency Management and Civil Protection Act, the Reopening Ontario (A Flexible Response to Covid-19) Act, 2020* and the *Occupational Health and Safety Act*.

(b) in particular, it is operating the business or organization in compliance with the advice, recommendations and instructions of public health officials, including local municipal public health units, and any advice, recommendations, or instructions on physical distancing, cleaning or disinfecting;

(c) it will comply with any further applicable directives and orders as they are made and;

(e) it will immediately notify George Brown College should there be a change in respect of any of what is set out above.

THE PLACEMENT HOST CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

**Name:**

**Signature:**

**Date (MM/DD/YY):**

I have the authority to bind the Work Term Host