



Student Acknowledgement and Agreement for Work-Integrated Learning (WIL) / Clinical Placement During COVID-19

This document should be read in full by the student opting to complete a Work-Integrated Learning (WIL) / clinical placement involving in-person work at an employer/community partner's workplace.

As part of several of its academic programs, George Brown College provides applied and clinical learning in various workplaces of partner organizations. As part of this learning model, students typically attend the workplaces of the partner organizations in-person for experiential learning. Due to current circumstances created by the COVID-19 pandemic, students may be exposed to a greater risk of the Coronavirus (COVID-19) if they attend a workplace in-person as part of a WIL experience / clinical placement.

The health, safety and wellness of our students are important to George Brown College. This document is intended to raise the student's awareness of the risks associated with pursuing WIL / clinical placement opportunities within our employer/community partner premises during the current COVID-19 pandemic.

COVID-19 is a serious disease that can cause significant illness, including death. The virus that causes COVID-19 can be transmitted by asymptomatic people; and despite steps taken by the WIL employer/community partner to impose and enforce protocols to mitigate the risk of transmission of the virus, there can be no assurance that the virus won't be contracted by you. This is a risk that each student must assess themselves, and if they choose to complete a WIL experience / clinical placement, the student must accept the associated risk of either contracting the virus or transmitting it to others. Please visit <https://covid-19.ontario.ca/index.html> for further information regarding COVID-19.

Acknowledgement & Agreement:

1. I acknowledge that I have been made aware that participating in a WIL experience / clinical placement may expose me to COVID-19 despite my WIL organization's and George Brown College's efforts to reduce that risk.

Agree (Initials):

2. I acknowledge that, for academic credit, I am agreeing to complete a WIL experience / clinical placement as per my program requirements. I will be working/placed either in-person for an employer/community partner or I will be working remotely for my employer/community partner. I will take responsibility for myself during the WIL and will not take any unreasonable risks that may endanger my own or others' health.

Agree (Initials):

3. If, at any time, I feel uncomfortable with my WIL / clinical placement arrangement due to COVID-19, I understand that I have the free will to stop reporting to my WIL experience immediately, and I will contact my WIL Practitioner to help me to negotiate modifications to my work-term such as working remotely, modified hours, adjusted duties or an early end to the position, as required. I will advise my WIL Practitioner immediately if I am concerned for my own well-being, safety and security, or if I am unable to attend or continue any part of the WIL.

Agree (Initials):



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4. It is my responsibility to be familiar with my WIL / clinical placement expectations and practices to meet all safety requirements including COVID-19 infection prevention and control measures. This includes education and training in the applicable workplace health and safety, and organizational policies and procedures; throughout the duration of the WIL / clinical placement experience. Please visit: <https://www.georgebrown.ca/covid-19/information-for-students> for further information regarding COVID 19 for current students.

Agree (Initials):

Work-Integrated Learning / Clinical Placement Details

Student Name:

Student Number:

Program:

Host Organization Name:

Dates of WIL (MM/DD/YY) -

Start:

End: