



Student Placement Approval Form

May 2021

International Student Placements have a modified format for approval outside the RMM 801.

As such the following components are in addition to the requirements of RMM 801:

- **The Student Placement Approval form 2021 that requires the additional signature of the Dean prior to AVP International Affairs or Provost.**
- **Waiver created for 2021 Placements**
- **Additional checklist that acknowledges risk of travel during 2021**

Note: the declaration of Health Status in RMM 801 is still required to be completed as part of submission package

Student Placement Approval Form 2021
Complete all information on this form for approval process

Name:
Department:
Submitted By:

Email address:
Dates of Trip:
Location of Activity:

Description of Activity: _____

Please select type of activity (*see definitions for clarity):

Student Placement

Risks: check as many as may apply *see definitions if needed

Low Risk

Significant Risk

Extreme Risk

Travel Risk

Health Insurance Risk

Health Risk

Approval by Supervisor:

Name: _____ Signature: _____ Date: ___/___/___

Approved by Department Chair/Director:

Name: _____ Signature: _____ Date: ___/___/___

All fields must be completed before submitting

Approved by Faculty Dean:

Name: _____ Signature: _____ Date: ___/___/___

Approval of Senior Management:

Name: _____ Signature: _____ Date: ___/___/___

**Student Placements Outside of Canada 2021
Statement of Responsibilities Checklist**

Name: _____

- I have completed, signed and attached the COVID-19 waiver.
- I understand that my Health Insurance must include COVID-19 illness/exposure coverage.
- I am aware that the Ministry of Colleges and Universities exempts COVID-19 illness/exposure in their insurance policy for unpaid student placements outside of Canada.
- I have been fully vaccinated for COVID-19.
- I am fully aware of costs associated with COVID-19 testing, financial ability to adhere to hotel stays for quarantine requirements or other protocols to be observed in the country of choice.
- In the event I fall ill with the COVID-19 virus abroad, I am prepared that I will most likely be required to stay in the country to recover and complete any testing required to leave that country.
- I have research thoroughly the country/state, documented and understood to include: mandatory COVID-19 testing requirement, quarantine requirements for the area and associated cost, status of current COVID-19 conditions, student knowledge of COVID-19 protocols, packing medical masks and hand sanitizer (as flight may allow), vaccine status in country, status of new variant and related vaccine efficacy, health care system level, availability to manage COVID-19, ventilator, oxygen availability.
- I have been provided an option for student placement locally and/or virtual option.
- I will continue to monitor Global Affairs Canada for newest travel advisory information.
- I will inform my placement employer if I feel I am in an unsafe condition and will leave if not corrected.
- I am aware I may not be physically able to leave the placement country right away due to travel bans, quarantine or testing requirements.
- I have asked questions and obtained key information prior to my placement to properly assess and share with signatories in order to provide an informed decision to proceed with student placement.
- For various reasons I may need to abruptly cancel the remainder of my trip and return to Canada. There may be my own costs incurred as a result.

Please acknowledge you have reviewed the information in each of the check boxes by answering with a yes, no or not applicable beside each box.

Declaration of Health Status

I understand that participation in this field trip or elective may involve strenuous effort and or foreign travel. In either case, my health may be affected by activity levels to which I am not accustomed or by exposure to endemic disease in foreign locations. I accept personal responsibility for securing the advice of a health practitioner (preferably a family physician) prior to participating in this field trip and for obtaining the inoculations that are required by the country of destination or by Canadian authorities.

I recognize that some pre-existing medical conditions, while not a serious health threat when medical services are readily available, may be life threatening in remote locations. I take full personal responsibility for my known pre-existing medical conditions. For conditions that I choose to reveal, I will make personal arrangements with another field trip participant so that symptoms of distress can be recognized. For conditions that I choose not to reveal, I take full personal responsibility.

I have been made aware of the risks involved in this field trip or elective placement and have evaluated the need for a physical check-up and /or prophylactic measures.

I hereby declare that I am medically fit to engage in this field trip/elective.

Date of trip: ____/____/____ **Destination country(s):** _____

Trip Supervisor (name): _____

Name of Participant (please print): _____

Address: _____

Phone: (____) - _____

Signature: _____ **Witness:** _____

Date: ____/____/____