STUDENT PLACEMENTS AND ORIENTATION - HR-VII-6

POLICY:

1. OPTIONS NORTHWESt will make every effort to accommodate requests to host training opportunities from educational institutions and/or community agencies.

2. The Director, Human Resources and the Coordinator, Health & Safety shall be primary agency contacts to initiate student placement opportunities and the Health and Safety Coordinator shall ensure all documentation and required orientation and training is completed.

3. Where students will have direct contact with persons with developmental disabilities, such orientation shall include initial and annual review of agency Mission, Philosophy, Service Principles and Statement of Rights, and on abuse prevention, identification and reporting, review of applicable agency policies and procedures, as well as Non-Violent Crisis Intervention training.

PURPOSE:

1. To increase awareness in the field of social services and supports for persons living with developmental disabilities and to promote future volunteer and career opportunities.

PROCEDURE:

1. All requests for training opportunities shall be investigated by the Coordinator, Health & Safety or Director and all records shall be maintained by the Health and Safety Coordinator.

2. The Health and Safety Coordinator or Director, Human Resources will then respond back to the educational institute's contact to discuss OPTIONS' orientation requirements and confirm the placement information.

3. The Health and Safety Coordinator will ensure that the Work/Education Placement Agreement (Appendix A) is completed and a completed Student Reference Form (Appendix B) has been received. It is important to note that the student will not be permitted to commence his/her placement until the completed documents have been received by the agency.

4. The Coordinator and the Placement Supervisor will then coordinate and ensure any required general training/orientation is undertaken as outlined in the policy statement. The Coordinator, Health and Safety, shall maintain a record of orientation/training, per Appendix C and D.

5. The Human Resources and Training Advisor shall orientate the students to the policy manuals and ensure Appendix C is completed by each student.

6. The Placement Supervisor shall ensure the area Orientation Package is completed within a month time frame and returned to the Human Resources and Training Advisor.

RECOMMENDED BY: Human Resource Director **APPENDICES:** 3

OPERATIONAL ACCOUNTABILITY: Administration, Human Resources, Community Services (all)

ORIGINAL POLICY DATE: November 2005

AUTHORIZED BY: Executive Director **SIGNATURE:** 

POLICY: HR-VII-6
APPENDIX A

Ontario Ministry of Education / Ministère de l'Éducation

Work/Education Placement Agreement/Post-Secondary / Accord sur la formation pratique (postsecondaire)

The information on this form is required to maintain the employment record of the training participant and is collected under the authority of the Workplace Safety and Insurance Act,1997, c.16, s 21, 22; and the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19, s.5, and Order-in-Council 701/85. Because the Ministry of Education covers the cost of workers' compensation and private insurance coverage, the Ministry may use this information to verify the legitimacy of claims. Inquiries regarding this form should be directed to the Ministry of Education, 8th Floor, Mowat Block, 900 Bay Street, Toronto, Ontario, M7A 1L2. Telephone (416) 325-2547 /

Les renseignements contenus dans ce formulaire sont requis pour tenir à jour le relevé d'emploi de la personne recevant une formation. Ils sont recueillis en vertu des articles 21 et 22 de la *Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail*, de l'article 5 de la *Loi sur le ministère des Collèges et Universités*, L.R.O. 1990, chap. M.19 et du décret 701/85. Étant donné que le ministère de l'Éducation assume le coût de l'assurance contre les accidents du travail et de l'assurance privée, le ministère peut utiliser ces renseignements pour vérifier la légitimité des demandes. Pour toute question sur ce formulaire, s'adresser au ministère de l'Éducation, 8e étage, édifice Mowat, 900, rue Bay, Toronto ON M7A 1L2, téléphone : (416) 325-2547.

Please print. / En caractères d'imprimerie

Date Completed / Rempli le

A. Parties to the Agreement / Parties contractantes

1. Name of training participant / Nom du-de la participant-e à un stage de formation | Date of birth / Date de naissance | Age / Âge | Sex / Sexe

Address / Adresse | Home phone no. / N° de tél. (domicile) ( ) | Postal Code / Code postal

Program / Programme

2. Name of work placement employer / Nom de l'employeur | Name of training supervisor / Nom du-de la superviseur-e de la formation

Address / Adresse | Telephone no. / N° de téléphone ( ) | Postal Code / Code postal

3. Post Secondary Institution / Établissement postsecondaire | Name of contact person / Personne-ressource

Address / Adresse | Telephone no. / N° de téléphone ( ) | Postal Code / Code postal

B. Specific Time at Training Station / Durée du stage et horaire

1. **Period of Agreement / Durée de l'accord**

The training participant, from / Le-la participant-e au stage de formation devra, du _____ 200____ to / au _____ 200____

shall be involved in work activities as part of the above educational/training program as / dans le cadre du programme de formation susmentionné, exécuter les tâches de _____

(job title / désignation de fonction)

2. **Hours of Training / Heures de travail** The normal hours of training shall be from / les heures de travail habituelles seront de _____ to / à _____

3. **Schedule of Training / Jours de travail** Identify the days when the training participant will be at the work placement (or attach training participant's schedule). / Inscrire les jours où le-la participant-e sera en stage de formation (ou joindre son emploi du temps).

_____

(days of training / jours de travail)

C. Workplace Safety and Insurance Board Coverage / Assurance de la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

1. Workplace Safety and Insurance Board coverage will be provided at the work placement by / Les primes de l'assurance de la Commission seront versées par

the Ministry of Education / le ministère de l'Éducation ☐ for the entire period / pour toute la durée du stage.

2. Number of work placement hours for which Workplace Safety and Insurance Board Coverage has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance de la Commission a été fournie par (remplir une fois le stage terminé)

By the Ministry of Education / le ministère de l'Éducation 200____ ____ 200____ ____

D. Private Insurance Coverage / Assurance privée

1. Private insurance coverage will be provided in the event that the work placement employer is not covered by the Workplace Safety and Insurance Board Coverage / Si l'employeur ne bénéficie pas de l'assurance de la Commission, une assurance privée sera retenue par

By the Ministry of Education / le ministère de l'Éducation ☐ for the entire period /

2. Number of work placement hours for which private insurance has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance privée a été retenue par (remplir une fois le stage terminé)

By the Ministry of Education / le ministère de l'Éducation 200____ ____ 200____ ____

E. Signatures of Parties to the Agreement / Signature des parties contractantes

Training participant / Participant-e au stage de formation | Parent/Guardian (if applicable) / Père, mère, tuteur ou tutrice (le cas échéant)

Work placement employer / Employeur | Post-secondary institution / Établissement postsecondaire

OPTIONS NORTHWEST

New Volunteer/Student Orientation

Name of Volunteer/Student: _____ **Start Date:** _____

Volunteer/Student Role: _____ **Area of Assignment:** _____

Mentor: _____

Topic	Date Attended/Received or N/A	Comments
Documentation: - Application Form		
- Interview Conducted		
- Police Record Check		
Mandatory Agency Introduction: - Oath of Confidentiality		
- Workplace Agreement (WSIB) (student only)		
- **Assigned Policies and Procedures with explanation (day 1 read & sign)**		
Health Screening: - Health Assessment		
- Universal Precautions		
- First Aid Procedures/Kit Locations		
- Reporting Illness/Injury		
Quality Assurance Measures Training (DVD)		
Discretionary Training - To be determined by the Placement Area Supervisor/ H&S Coordinator - Wellness/Injury Prevention		
- NCI (required when involved in direct support)		
- WHMIS		
- Charting & Confidentiality		
- Medication & Treatment Administration System		
- First Aid Certificate		
- Respecting Rights and Preventing Abuse		
- AODA Training		
- Health and Safety Awareness		
Other – Specify		

OPTIONS NORTHWEST

New Student/Volunteer Signature Page

Student/Volunteer Name: _____ Date: _____
(please print)

You are required to read the following Policies & Procedures:

Policy Title and Number	Effective Date	Date Read
Philosophy		
Mission Statement		
AD-I-1: Internal Reporting System		
AD-I-6: Incident Reporting And Follow Up		
AD-I-7: Serious Occurrence Reporting And Follow Up		
AD-I-10: Collection, Use and Disclosure of Recipients Personal Information		
AD-III-1: Abuse		
AD-III-2: Feedback Process		
AD-III-10: Service Principles and Recipients Bill of Rights		
HR-II-2: Confidentiality of Information		
HR-III-45: Employee Dress Code		
HR-III-19: Harassment Prevention		
HR-XI-1: Occupational Health & Safety		
HR-XI-4: Wellness and Injury Prevention Program		
HR-XI-23: Workplace Violence Prevention		

I have read and understand the above documents.

Student/Volunteer Signature: _____ Date: _____

Please return to Health & Safety Coordinator by: _____
(Date)