

SCHEDULE "A"  
NON-HEALTH SCIENCES STUDENT AGREEMENT

IN CONSIDERATION OF being permitted to participate in a student placement experience at the City of Toronto, in the \_\_\_\_\_ Division (the "Placement"), the sufficiency of which is hereby acknowledged,

I, \_\_\_\_\_ [INSERT NAME OF STUDENT], hereby agree as follows:

I acknowledge and agree that the Placement may be terminated at any time by the City of Toronto (the "City") or by \_\_\_\_\_ [INSERT NAME OF EDUCATIONAL INSTITUTION], (the "Institution"), under the terms of the Agreement between those parties, to which this Student Agreement is Schedule "A" (the "Placement Agreement").

I acknowledge and agree that I am participating in the Placement as a student for unpaid practical experience ("Placement Student"), as part of my education curriculum, and not as an apprentice or trainee of, or employee of, or providing employment services to, the City. I acknowledge and agree that as a Placement Student, I will not receive from the City or Division any remuneration, salary, wage, payment or any employment benefit whatsoever from the City or be covered by Workplace Safety and Insurance Benefits through the City. I understand that I am being provided an unpaid practical experience pursuant to an academic program approved by a post-secondary institution and supported by the Ontario Ministry of Training, Colleges and Universities and that I will not be accorded any employment rights.

I acknowledge and agree that, as a Placement Student and through my participation in the Placement, I am bound by various City and Division policies, codes of conduct and policies, including but not limited to "Conflict of Interest", "Human Rights and Harassment" and "Hate Activity" policies. I acknowledge a duty and agree to disclose to the City any circumstances which may be a conflict of interest, or a breach of this Student Agreement by me.

Legislation, policies, etc., may require the Division to conduct criminal reference checks. I understand that I may have been required to obtain a clear police reference check in a form satisfactory to the City, in its sole discretion, prior to the commencement of the Placement. I agree that if necessary, a clear police reference check in a form and of a nature satisfactory to the City must extend beyond the end date of my Placement.

I agree to assume all risk of loss or injury, including death to myself or damage to my property while on any City premises and elsewhere resulting directly or indirectly from my activities and performance as a student volunteer. I hereby release the City from any and all claims for personal injury and/or property damage that may arise from or be in any way connected to my participation as an education student volunteer for the City. I understand and agree that this release applies to both present and future injuries and that it binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

I acknowledge that in the course of carrying out my Placement, I will be in receipt of confidential information, including but not limited to personal information, personal health information, records, memoranda and other documents, and data and results pertaining to, arising from or containing particulars of persons interacting with the City and/or the Division ("Confidential Information"). I agree to obtain written consent of the City Manager identified below prior to conducting any research. I agree that I shall not at any time while I am participating in the Placement or any time after the Placement is completed, disclose any Confidential information except as required to perform the Placement or at the request of the City or as required by law. I acknowledge and agree to abide by the City's Conflict of Interest

policy, confidentiality requirements and the provisions of the *Municipal Freedom of Information and Protection of Privacy Act* ("MFIPPA") and the *Personal Health Information and Protection of Privacy Act* ("PHIPPA").

I agree that, immediately upon the conclusion or termination of my Placement, I shall collect and return to the City all documents containing Confidential Information, including but not limited to any document containing personal information of any individual, which were provided to me in the course of or incidental to my participation in the Placement.

I agree to transfer and assign any and all ownership interest, including copyright in all the information, computer software, data, material, sketches, plans, designs, notes, documents, memoranda, specifications or other paper writing gathered, assembled or prepared by me in the course of or incidental to the performance of the Placement (the "Material") to the City and no one other than the City. I also waive in whole and in part any and all moral rights arising under the *Copyright Act* in the Material.

I understand that the City agrees to grant to me, upon my express request, a royalty free licence to use the Material subject to the above restrictions and only for the following purpose:

- to write, publish and distribute works relating to the Placement for the purpose of completing my education credit at the Institution (the "Academic Work") or
- to inform the Institution's current and/or prospective students of the types of placements available.

I agree that the Academic Work will not include any Confidential Information.

I agree that these obligations shall survive the completion, expiry or termination, whatever the case may be, of my involvement in the Placement.

\_\_\_\_\_  
[STUDENT'S SIGNATURE]

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

I \_\_\_\_\_, am the Manager of \_\_\_\_\_. I have reviewed this Schedule "A" with the Student named above.

**CITY OF TORONTO**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

[DIVISIONAL EXECUTIVE DIRECTOR DESIGNATE]

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CHECKLIST (addendums)	
<input type="checkbox"/>	Schedule A-Non Health Sciences Student
OR	
<input type="checkbox"/>	Schedule B -Health Sciences Student
PLUS	
<input type="checkbox"/>	Schedule C – Approved Program
<input type="checkbox"/>	MTCU – Retain Canary Copy