



# VACCINATION REQUIREMENTS WORK-INTEGRATED LEARNING

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

Program: \_\_\_\_\_ Campus: \_\_\_\_\_

Dear Student:

Given the recent provincial requirements to demonstrate proof of vaccination from COVID-19 at many businesses/organizations, students may be asked to provide this documentation when taking part in Work-Integrated Learning placements (WIL), e.g., work terms, CO-OP placements, On-the Job-Training (OJT), Job Shadowing, Clinical placements, etc.

Students are asked to read and sign below to declare they understand they may be asked to demonstrate proof of COVID-19 vaccination, and there may be ramifications of not providing such documentation to the WIL site. Campus students should scan and email the completed declaration form to the CNA personnel responsible for organizing the WIL opportunities through the campus (e.g., SDO, Instructional Coordinator, Instructor, etc.). Distributed Learning students should scan and email the completed forms to [dlsworkterm@cna.nl.ca](mailto:dlsworkterm@cna.nl.ca).

## Declaration:

1. I am aware of, and understand, the requirements of the program into which I have entered.
2. I am responsible for providing any of the required documents to demonstrate proof of vaccination from COVID-19 as requested by the WIL training site to said training site.
3. Should I not be willing to provide proof of vaccination from COVID-19, I may be denied access to placement training and/or work exposure sites, delaying or even preventing me from completing the program.
4. I may be discontinued from my program should I not wish to provide proof of vaccination from COVID-19 and an alternate WIL be unavailable.
5. I am responsible for informing CNA of any changes to my personal information or changes to the information provided on this form.
6. I am aware that this form will remain on my student file until the end of my program or until I request its removal.

**Privacy Notice:** Under the authority of the [Access to Information and Protection of Privacy Act, 2015](#), CNA is collecting your personal information on this form to process your COVID-19 vaccine requirement preferences in relation to Work Integrated Learning Placement (WIL) opportunities. Questions about this collection of personal information can be directed to the Director of Student Experience at [Jeff.Martin@cna.nl.ca](mailto:Jeff.Martin@cna.nl.ca) or by phone at (709) 637-8593.

*I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.*

**Student Signature:** \_\_\_\_\_

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