

Manitoba Healthcare Providers Network (MHPN)
Home for the Summer (HFTS)
Request for Student Position Form

Employer: _____

Employer Contact Name: _____

Employer Contact Title: _____

Employer Contact Phone Number: _____

Employer Contact Email: _____

HFTS Position Title: _____

Position Start Date: _____ Position End Date: _____

Position Hourly Salary: _____

Accommodations Costs: _____

Travel Costs: _____

Anticipated Non-SDO Funding Sources: _____ Amount(s): _____

Training Discipline, i.e. nursing, pharmacy, etc.: _____

Position Location/Community/Program/Service: _____

Type of Project the Student will work on: _____

Include a brief summary below of the position duties and the value this position will add to your organization.

***Submissions Must Be Received By The 2nd Friday in March**

Approved

Denied