



# Nursing & Allied Health Bus Tours 2023

Applications must be received by 4:00 P.M. on Thursday  
January 5, 2023. All applications are to be submitted to:  
[srobertson6@pmh-mb.ca](mailto:srobertson6@pmh-mb.ca)



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

For the purpose of accommodations, please identify your gender:

Male                  Female                  Other:

**TRAINING PROGRAM:**

Nursing:	LPN	BN	RPN	NP	Year of training:_____
Occupational Therapy:					Year of training:_____
Physiotherapy:					Year of training:_____
Respiratory Therapy:					Year of training:_____
Social Work:					Year of training:_____
Pharmacy:					Year of training:_____
Pharmacy Tech Program:					Year of training:_____
ERS:					Year of training:_____
Diagnostics					Year of training:_____ Diagnostic Program:_____
HIM Professional:					Year of training:_____

I would like to self-identify as: :                  First Nations                  Metis                  Inuit

Home Community: \_\_\_\_\_

What is your interest in doing an educational placement in Rural Manitoba?

What is your interest in summer employment in Rural Manitoba?

What is your interest in a career opportunity in Rural Manitoba?