

Discover Health Careers Manitoba

HEALTH CAREERS
MANITOBA

New Hire Information

Submissions must be received by the **third Friday in May**

Employer: _____

Employer contact name: _____

Employer contact title: _____

Student name: _____

Student phone number: _____ Student email: _____

Training discipline: _____

Training institution: _____

Year(s) of training student has completed: _____

DHCM position: _____

Position location/community/program/service: _____

Position start date: _____ End date: _____ Hourly salary: _____

Travel and accommodation cost: _____

Non-SDO funding sources: _____ Amount(s): _____

I, _____ consent to the Discover Health Careers Manitoba (DHCM) program collecting, using, and disclosing my personal information and image for any purpose related to the DHCM program. I acknowledge that any collection, use, or disclosure of personal information is in accordance with *The Freedom of Information and Protection of Privacy Act*.

Print name

Signature

Date