

Discover Health Careers Manitoba

HEALTH CAREERS
MANITOBA

Request for Student Position Form

Submissions must be received by the **second Friday in March**

Employer: _____

Employer contact name: _____

Employer contact title: _____

Employer phone number: _____ Employer email: _____

DHCM position: _____

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

Travel and accommodation cost: _____

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 of the position duties and value this position will add to your organization:

Approved

Denied