

# Discover Health Careers Manitoba

HEALTH CAREERS  
**MANITOBA**

## Request for Student Position Form

Submissions must be received by the **2nd 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