

**Home for the Summer 2024
Medical Student Application**

Applications must be received by the MB Healthcare Providers Network by 4:00 P.M. on Friday February 9, 2024.
All applications are to be submitted to ashaw3@sharedhealthmb.ca

Last Name: _____ **First Name:** _____

Email Address: _____

Telephone Number: _____ **School:** _____

Training Year: **Med 1** **Med2**

Are you: **First Nations** **Metis** **Inuit**

Do you speak French? **Yes** **No**

Are you: **Fluent in French** **An occasional French speaker**

Home Community: _____

How many weeks are you available? (Minimum 4 maximum 10) _____

What date are you available to start? _____

What is your experience with rural life and rural medicine? (Include details about living, working or doing educational exposures in rural sites as well as ongoing connections you have to rural sites).

Do you have a placement site preference? _____

Other relevant information.