

**Home for the Summer 2024  
Nursing & Allied Health 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](mailto:ashaw3@sharedhealthmb.ca)

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

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

**Telephone Number:** \_\_\_\_\_

**Training Program/Year:** \_\_\_\_\_ **School:** \_\_\_\_\_

**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)** \_\_\_\_\_

**What date are you available to start?** \_\_\_\_\_

**What is your experience with rural life and rural health care practice? (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.**