

Discover Health Careers Manitoba

HEALTH CAREERS
MANITOBA

Manitoba Wants You Back

Program application form

All applications are to be submitted to cboth@sharedhealth.ca

Last name: _____ First name: _____

Email address: _____ Phone number: _____

Training program and school: _____

Training year: _____ Home community: _____

Are you: First Nations Metis Inuit Non-Status

Do you speak French? Yes No

If yes, are you: Fluent in French An occasional French speaker

What is your connection to Manitoba?

What is your opportunity of interest?

Clinical practicum Summer Career Opportunity Post-grad opportunity

Regional preference: PMH IERHA SS-SS NHR WRHA

Future employment goals: _____

If accepted into this program, will you need accommodation at the placement site?

Yes No

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