

# Discover Health Careers Manitoba

## New Hire Information

Submissions must be received by the **third Friday in May**

Employer: \_\_\_\_\_

Employer contact name: \_\_\_\_\_

Employer contact title: \_\_\_\_\_

Student name: \_\_\_\_\_

Student phone number: \_\_\_\_\_ Student email: \_\_\_\_\_

Training discipline: \_\_\_\_\_

Training institution: \_\_\_\_\_

Year(s) of training student has completed: \_\_\_\_\_

DHCM position: \_\_\_\_\_

Position location/community/program/service: \_\_\_\_\_

Position start date: \_\_\_\_\_ End date: \_\_\_\_\_ Hourly salary: \_\_\_\_\_

Travel and accommodation cost: \_\_\_\_\_

Non-SDO funding sources: \_\_\_\_\_ Amount(s): \_\_\_\_\_

I, \_\_\_\_\_ consent to the Discover Health Careers Manitoba (DHCM) program collecting, using, and disclosing my personal information and image for any purpose related to the DHCM program. I acknowledge that any collection, use, or disclosure of personal information is in accordance with *The Freedom of Information and Protection of Privacy Act*.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date