

**Manitoba Healthcare Providers Network (MHPN)
Home for the Summer (HFTS)**

New Hire Information

Employer: _____

Employer Contact Name: _____

Employer Contact Title: _____

Student Name: _____

Student Phone Number: _____

Student Email: _____

Training Discipline: _____

Training Institution: _____

What Year of Training has the Student Completed? _____

HFTS Position: _____

Position Location/Community/Program/Service: _____

Position Start Date: _____ Position End Date: _____

Position Hourly Salary: _____

Travel & Accommodations Costs (as set out on the Approved Student Position Request Form): _____

Non-SDO Funding Sources: _____ Amount(s): _____

I, _____ (student name) consent to the HFTS Program collecting, using, and disclosing my personal information and image for any purpose related to the HFTS 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

***Submissions Must Be Received By The 3rd Friday in May**