



Southern Health-Santé Sud

180 Centenaire Drive
Southport, MB R0H 1N0
Holly Leost Recruitment & Indigenous Employment
Work: (204) 428-2756 | Fax: (204) 428-2782
Email: hleost@southernhealth.ca

Indigenous Health High School Internship Program (IHHSIP) Application

First / Last name: _____ Age: _____

Mailing Address: _____ City/Prov: _____ Postal Code: _____

Email: _____

Telephone: (____) _____ Cell: (____) _____

Education:		
_____	_____	_____
Grade	School	Location

<p>How did you hear about the program?</p> <p><input type="checkbox"/> Internet <input type="checkbox"/> Flyer/Poster <input type="checkbox"/> Friend <input type="checkbox"/> Workshop <input type="checkbox"/> Community Centre <input type="checkbox"/> Another Student</p> <p><input type="checkbox"/> Employment Centre <input type="checkbox"/> School <input type="checkbox"/> Newspaper <input type="checkbox"/> Self referral <input type="checkbox"/> Other: _____</p>

<p>Describe your future career goals/objectives.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What type of health careers are you interested in learning about?</p> <p>_____</p> <p>_____</p>
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<p>Southern Health-Santé Sud encourages Indigenous people to Self-Identify by completing the voluntary Self-Declaration below.</p> <p><input type="checkbox"/> Treaty Status* <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Other: _____</p> <p>*If Treaty Status, please indicate which community you are a member of:</p> <p>_____</p>
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Current Cover Letter & Resume Attached? Yes No

Signature of Applicant

Date

Signature of Parent/Guardian

Date