



2023 Indigenous Health Adult Internship Program (IHAIP) Application

First / Last name: _____
Mailing Address: _____ Postal Code _____
Phone Number: _____ Email: _____

Educational Background

Highest Level of Education	School/Institution	Location	Year
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How did you hear about the program?

- Internet Flyer/Poster Friend Workshop Community Centre Another Student
- Employment Centre School Newspaper Self referral Other: _____

Have you previously participated in a SH-SS internship program? _____
If yes, when? _____

Employment Background

Job Title	Employer	Phone No.	Start & End Date
_____	_____	_____	_____
_____	_____	_____	_____

Current Cover Letter & Resume Attached? Yes No
Do you require any accommodations to perform job duties? If yes, please list below.

Describe your future career goals/ambitions.

What type of health careers are you interested in learning about?

Southern Health-Santé Sud encourages Indigenous people to Self-Identify by completing the voluntary Self-Declaration below.

- Treaty Status* Non-Status Métis Inuit Other: _____

*If Treaty Status, please indicate First Nation & status number:

Signature of Applicant

Date