



**Southern Health-Santé Sud**

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Holly Leost Recruitment & Indigenous Employment  
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**Indigenous Adult Health Internship Program (IAHIP) Application**

First / Last name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Educational Background**

_____	_____	_____	_____
Highest Level of Education	School/Institution	Location	Year

**How did you hear about the program?**

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

**Employment Background**

_____	_____	_____	_____
Job Title	Employer	Location	Start Date/End Date
_____	_____	_____	_____
Job Title	Employer	Location	Start Date/End Date

Current Cover Letter & Resume Attached?     Yes     No

Describe your future career goals/objectives.

\_\_\_\_\_

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 which community you are a member of:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date