

**Home for the Summer 2019
Nursing & Allied Health Student Application**

Applications must be received by the MB Healthcare Providers Network by 4:00 P.M. on Friday January 25, 2019.
All applications are to be submitted to ashaw3@mhpnetwork.ca

Last Name: _____ **First Name:** _____

Email Address: _____

Telephone Number: _____

Training Program: _____

Are you: **First Nations** **Metis** **Inuit**

Do you speak French? **Yes** **No**

Are you: **Fluent in French** **An occasional French speaker**

Home Community: _____

How many weeks are you available? (Minimum 4) _____

What date are you available to start? _____

What is your experience with rural life and rural health care practice? (Include details about living, working or doing educational exposures in rural sites as well as ongoing connections you have to rural sites).

Do you have a placement site preference? _____

Other relevant information.