

**Home for the Summer 2017  
Medical Student Application**

Applications must be received by the ORNH by 4:00 P.M. on Friday January 27, 2017.  
All applications are to be submitted to [wheide@ornh.mb.ca](mailto:wheide@ornh.mb.ca)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Training Year:**            **Med 1**                            **Med2**

**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 maximum 10)** \_\_\_\_\_

**What date are you available to start?** \_\_\_\_\_

**What is your experience with rural life and rural medicine? (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.**