

RURAL WEEK 2020 COMMUNITY FORM

Please complete the following form and send back to Ashley Shaw (ashaw3@sharedhealthmb.ca)
before Monday May 11th, 2020

Community: _____

Student:

Name: _____

Email: _____

Phone Number: _____

Main Contact at Site:

Name: _____

Email: _____

Phone Number: _____

Cell Phone (for after hours- if available): _____

Primary Preceptor Contact:

Name: _____

Email: _____

Address of hospital/clinic/nursing station: _____

Name of Student Accommodations: _____

Accommodation Address: _____

Is there Wifi? Yes No

The student needs to bring: Bedding Towels Food Other: _____

SCHEDULE	MORNING	AFTERNOON	EVENING
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			