

2019 Health Career Quest Summer Camp

July 12 – 22, 2019

Sponsored By :



UNIVERSITY
OF MANITOBA



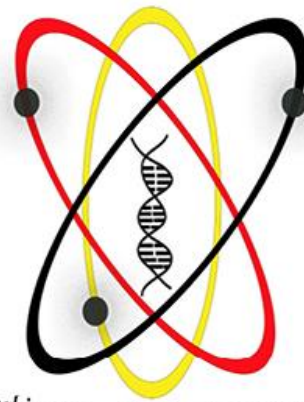
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NETWORK

**HEALTH CAREER QUEST SUMMER CAMP
2019 STUDENT APPLICATION INFORMATION
CAMP DATE: JULY 12 – 22, 2019**

VISION:

This program aims to assist northern high school students in achieving a career in health care. Many skills are required to succeed at university & college and participating in this program will enable students to develop such critical skills. The program consists of an academic component, a life skills component and a health career exploration component. The camp days are spent between the University of Manitoba in Winnipeg and health care facilities. Students will have the opportunity to experience university and city living; all while learning about the various Health Career options available to them.

STUDENT QUALIFICATIONS:

- Students must be entering Grade 12 in the fall of 2019
- Must have an interest in entering a health career.
- Must be from northern Manitoba. Preference is given to Indigenous students (First Nations, Métis, and Inuit).

REQUIRED INFORMATION:

- Completed application form.
- Most current high school transcript.
- TWO completed reference forms which must be completed by teacher, employer, or guidance counsellor, etc. (Reference must be non-relative)
- Short essay.

INSTRUCTIONS:

- Answer all questions fully.
- Ensure that all required information is included.
- Application package may be faxed, mailed or emailed to the address below.
- All application materials must be received by: **May 24, 2019**
- Only those students who are accepted will be contacted.

CONTACT INFORMATION:

Feel free to contact MB Healthcare Providers Network if you have questions:

MB Healthcare Providers Network
Unit D – 101 1st Ave NW Dauphin, Manitoba R7N 3B2
Phone: 1-866-244-6764 **Fax:** (204) 622-6211
Email: ashaw3@mhpnetwork.ca

HEALTH CAREER QUEST SUMMER CAMP

2019 STUDENT APPLICATION FORM

PLEASE READ & ANSWER ALL QUESTIONS. COMPLETE USING INK PEN.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
Birth Date (DD/MM/YY)	Place of Birth:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
I identify my Indigenous ancestry as:	<input type="checkbox"/> Status <input type="checkbox"/> Non-status	<input type="checkbox"/> Metis <input type="checkbox"/> Inuit
Band Association	Treaty Number	9-Digit Personal Manitoba Health Number

MAILING ADDRESS

Post Office Box or Number & Street	City or Town	Province	Postal Code
Home Phone Number ()	Alternate Phone Number ()	Personal Cell ()	
Email Address			
Parent or Guardian Name	Parent or Guardian Phone Number		

EMERGENCY CONTACT INFORMATION

Emergency Contact:	Emergency Contact Phone Number:
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HIGH SCHOOL INFORMATION

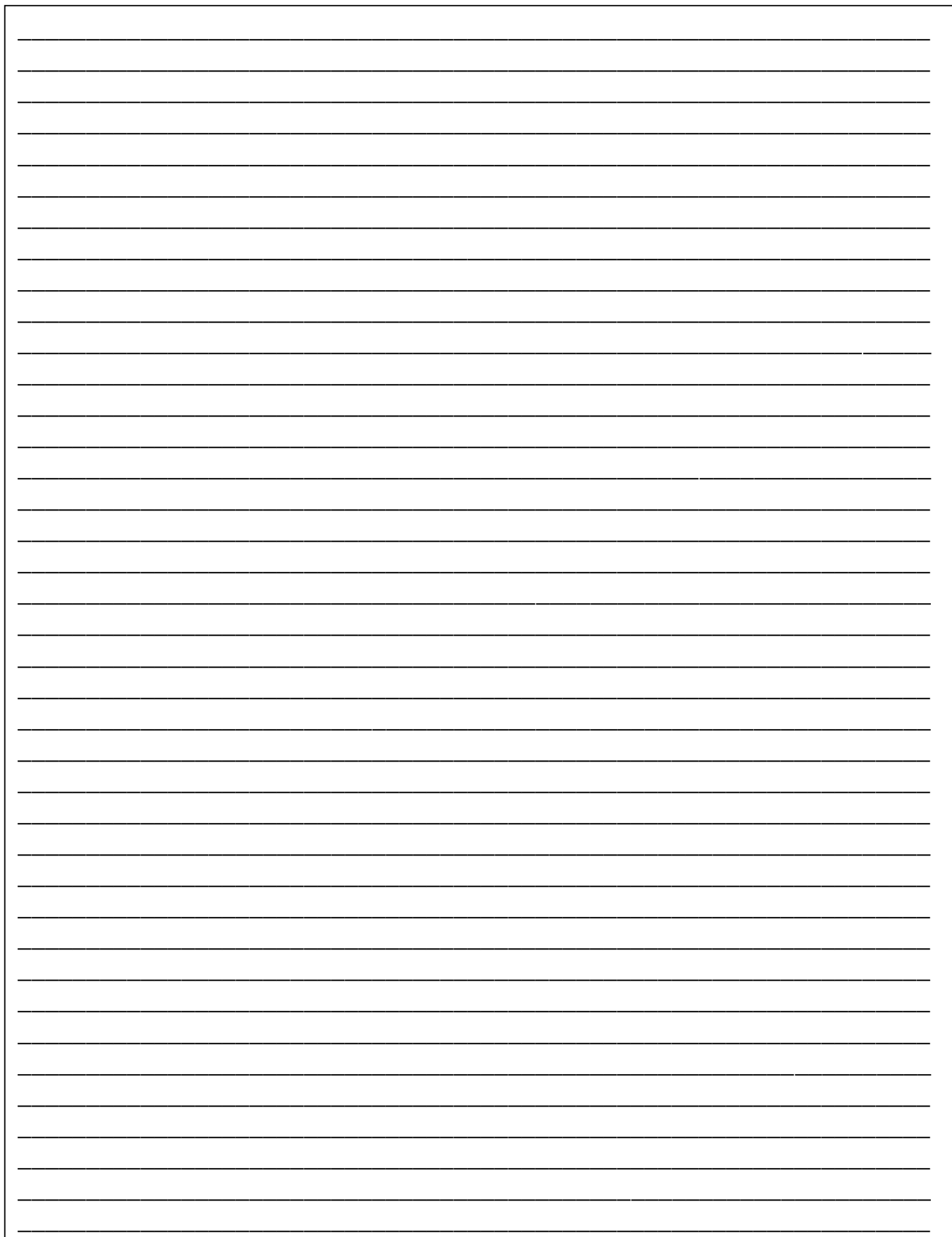
Name of High School:	High School Phone Number:
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What grade will you be entering in the Fall of 2019?

Which Health Career interests you the most? (Medicine, Pharmacy, Nursing, etc.)

Finally, if you were to get selected, what size you would require for a set of sweatshirt/hoodie?

X-Small Small Medium Large X-Large Other _____



REFERENCE FORM 1

Name of Camp Applicant:

Date:

Reference Name:

Address:

Position/Organization

Telephone:

The individual above has submitted an application to the Health Career Quest Summer Camp. Please describe the candidate's performance in each of the following areas.

1. Attendance:

2. Punctuality:

3. Motivation:

4. Reaction to Stress or Difficulty:

5. Commitment to Tasks:

go to page next page

REFERENCE FORM 2

Name of Camp Applicant:	Date:
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Reference Name:	Address:
Position/Organization	Telephone:

The individual above has submitted an application to the Health Career Quest Summer Camp. Please describe the candidate's performance in each of the following areas.

1. Attendance:

2. Punctuality:

3. Motivation:

4. Reaction to Stress or Difficulty:

5. Commitment to Tasks:

Student Learning Contract

Welcome to the Health Career Quest Summer Camp! This year's camp will be an exciting and rewarding experience. You will have the opportunity to explore various health careers while developing your academic and life skills. Your participation in this camp will assist you to achieve your ultimate goal of a career in health care. You will have the opportunity to explore the various health careers by attending lectures, demonstrations, tours, presentations and hands-on experience. This will give you the opportunity to either discover or solidify your career choice. Throughout the camp, you will also be required to attend academic classes. These classes are designed to specifically improve your skills in English, mathematics and science. Such topics are the core of your future university or college training and are essential for your success as a student.

Furthermore, your acceptance into the Health Career Quest Summer Camp grants successful Indigenous applicant's conditional acceptance into the University of Manitoba's Health Career Access Program (HCAP). This program offers you a variety of both personal and academic supports to assist you while you complete your studies. Your acceptance into this program is dependant on your performance at this summer camp.

This Learning contract outlines the commitments you agree to make. You must carefully read and understand your responsibilities while participating in this camp. This contract may be discussed at any point with the camp director.

Your commitment to the Health Career Quest Summer Camp includes:

- attending all classes punctually
- actively participating in all planned camp activities and outings
- completing all homework and assignments while utilizing the scheduled quiet time diligently
- agreeing to abide by the rules and regulations of the camp
- participating in all life skills activities
- maintaining a positive and enthusiastic attitude
- respecting all students and staff
- asking for help

By signing this Student Learning Contract you agree to uphold your commitments and accept that if these commitments are not upheld you will be required to meet with the director to discuss your suitability for the program. The director may determine that you should withdraw from the camp or may arrange with you conditions for continuing. If these conditions are not met, you will be withdrawn from the program.

I, _____ (student), have read the Student Learning Contract. I understand it and agree to uphold the commitments stated here and to participate fully in the camp and all of its affiliated events.

Student Signature	Date
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Upon acceptance to the program the Camp Director will complete the following:

Camp Director	Date
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Family Commitment

The Health Career Quest Summer Camp is an excellent opportunity for students to strengthen their academic and life skills, while exploring various health careers. These skills are essential in their future university education and this camp provides an environment in which such skills can be acquired. The path to a health career is not simple and requires commitment on behalf of both the

student and his/her parents to achieve success. Parents play a pivotal role on this path by providing constant support and encouragement.

By signing this contract, you agree that you have read all information sent regarding the camp. You also agree to provide motivation, support and encouragement while your child attends the Health Career Quest Summer Camp and any future university endeavours they may undertake.

Name of Camp Applicant:	
Signature of Parent(s)/Guardian	Parent/Guardian
Signature of Parent(s)/Guardian	Parent/Guardian

Upon acceptance to the program the Camp Director will complete the following:

Camp Director	Date
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Agreement

The Health Career Quest Summer Camp is an excellent opportunity for students to strengthen their academic and life skills, while exploring various health careers. These skills are essential in their future university education and this camp provides an environment in which such skills can be acquired. The path to a health career is not simple and requires a commitment from the student, the parents and the community (represented by the school).

By signing this Community Commitment Agreement, you agree to provide the support, motivation and encouragement required for this student to participate and succeed in this camp leading to their university training.

Name of Camp Applicant:	
Signature of School Principal	Date

Upon acceptance to the program the Camp Director will complete the following:

Camp Director	Date
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Office Use Only	Participant:
<input type="checkbox"/> Student Application Form	<input type="checkbox"/> Reference Form 1
<input type="checkbox"/> Guardian Information	<input type="checkbox"/> Reference Form 2
<input type="checkbox"/> Medical Information	<input type="checkbox"/> Student Learning Contract
<input type="checkbox"/> Essay	<input type="checkbox"/> Family Commitment Agreement
<input type="checkbox"/> Transcript	<input type="checkbox"/> Community Commitment Agreement