



Southern Health-Santé Sud

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Southport, MB R0H 1N1
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Indigenous Health High School Internship Program (IHHSIP) Application

First and Last Name: _____
Address: _____
Email: _____
Telephone: (____) _____ Cell: (____) _____
Facebook: (Yes/No) _____

Education:

Grade School Location

How did you hear about the program?
 Internet Flyer/Poster Friend Workshop Community Centre Another Student
 Employment Centre School Newspaper Self referral Other: _____

Describe your future career goals/objectives.

What type of health careers are you interested in learning about?

Southern Health-Santé Sud requests Indigenous people to Self-Identify by completing this voluntary Self-Declaration
 Treaty Status* Non-Status Métis Inuit Other: _____

*If Treaty Status, please indicate which community you are a member of:

Signature of Applicant

Date

Signature of Parent/Guardian

Date