



**Southern Health-Santé Sud**

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**Indigenous Health High School Internship Program (IHHSIP) Application**

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone/Cell: (\_\_\_\_) \_\_\_\_\_

Social Insurance Number: (Yes/No) \_\_\_\_\_

<b>Education:</b>		
_____	_____	_____
Grade	School	Location

**How did you hear about the program?**

Internet  
  Flyer/Poster  
  Friend  
  Workshop  
  Community Centre  
  Another Student  
 Employment Centre  
  School  
  Newspaper  
  Other: \_\_\_\_\_

**Describe your future career goals/objectives.**

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Current Cover Letter & Resume Attached?    Yes    No

**Southern Health-Santé Sud encourages Indigenous people to Self-Identify by completing the voluntary Self-Declaration below.**

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