



Southern Health-Santé Sud

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Indigenous Health Adult Internship Program (IHAIP) Application

First / Last name: Date of Birth:
Mailing Address: Postal Code
Phone Number: Email:
SIN#:

Educational Background

Highest Level of Education School/Institution Location Year

How did you hear about the program?

Internet Flyer/Poster Friend Workshop Community Centre Another Student
Employment Centre School Newspaper Self referral Other:
Have you previously participated in a SH-SS internship program?
If yes, when?

Employment Background

Job Title Employer Phone No. Start & End Date
Job Title Employer Phone No. Start & End Date

Current Cover Letter & Resume Attached? Yes No
Do you require any accommodations to perform job duties? If yes, please list below.

Describe your future career goals/ambitions.

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

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 First Nation & status number:

Signature: Date:

Funding Provided by:
The Government of Canada & The Manitoba Government