

**PROVINCIAL HEALTH LEADERSHIP PROGRAM
2023/24 APPLICATION FORM**

Please note – the 2023-2024 PHLP will be held in-person.
This form must be completed in its entirety to be considered for program acceptance.

Application deadline: June 16, 2023

Submit completed application form and supporting documents via email to
Viktoriya.Vasylykiv@umanitoba.ca

PART A – GENERAL INFORMATION	
First and Last Name of Applicant:	
Position/Title:	
Organization/Department/Section:	
Phone Number:	
Email for Evening Contact:	
Mailing Address:	
Applicant Type:	<input type="checkbox"/> CHI Staff <input type="checkbox"/> Researcher/Academic <input type="checkbox"/> Research/Support Staff <input type="checkbox"/> Clinician (Physician, Nurse, Pharmacist, Allied Health etc.) <input type="checkbox"/> Trainee (Undergraduate, Masters, PhD, Post-Doctoral) <input type="checkbox"/> Health System/Care Professional or Manager <input type="checkbox"/> Federal/Provincial Representative (including Policy Makers) <input type="checkbox"/> Community/Municipal Organization (including Policy Makers) <input type="checkbox"/> Patient/Family/Caregiver Representative <input type="checkbox"/> Other

PART B – CAPSTONE PROJECT - approximately 500 words.
For more information on the Capstone Project, visit https://tinyurl.com/PHLP-Capstone-Project Complete the area below or attach a separate document to your application.
PROJECT TITLE:
DESCRIPTION:

PART C – PLEASE TELL US WHY YOU WANT TO PARTICIPATE IN THIS PROGRAM? HOW WILL IT INFLUENCE YOUR WORK?	

PART D – CAPSTONE PRECEPTOR	
If you could choose one health system or academic leader from Manitoba to be your preceptor, who would it be?	
Name:	
Organization/Department/Section:	

PART E – ATTACH A CURRENT CURRICULUM VITAE / RESUME	
Attach a current curriculum vitae or resume to your application package.	

PART F – SUPERVISOR APPROVAL (MANDATORY)	
This applicant has my full support to participate in the Provincial Health Leadership Program hosted by the George & Fay Yee Centre for Healthcare Innovation. The successful applicant will be supported to attend all sessions between September 2023 and January 2024 and to complete a capstone project involving an area of leadership relevant to the applicant’s workplace or sphere of influence.	
Supervisor Name:	
Supervisor Signature:	
Email Address:	
Date:	

PART G – BILLING INFORMATION	
Please note that by filling this form you are agreeing to pay \$500 + applicable taxes to participate in the program. You will be invoiced if and when your application is accepted. In person attendance includes provision of dinner.	
Organization:	
Mailing Address:	
Attention:	
Phone Number:	
Email Address:	
If U of M, FOAP#:	