



**2026 Veterinary Student Employment Program (VetSTEP) Application and Declaration Form**  
***Both Employer and Student must sign***

**I. Employer (“The Applicant”) Information:**

1. Date of Application:	2. Canada Revenue Agency Business Number:
3. Legal Name of Organization:	
4. General Email Address:	5. General Phone Number:
6. Complete Address (include Office No., Street Name, Box No., City, Province & Postal Code):	
7. Operating (Common) Name, if different from legal name:	
8. Name of Employer Representative (for this grant):	9. Designation:
10. Employer Representative Direct Phone Number:	11. Employer Representative Direct Email Address:
12. Name of Veterinarian Supervising the Student:	13. Phone Number of Veterinarian Supervising the Student:
14. Email Address of Veterinarian Supervising the Student:	15. Designation:

**II. Job Information for Summer Work Term:**

1. Start Date (yyyy-mm-dd):	2. End Date (yyyy-mm-dd):
3. Name of Clinic or other locations where the Student will be working:	
4. Town/Municipality/Rural Municipality for this work location:	
5. Clinic Type, please check all that apply. <input type="checkbox"/> Large Animal Hospital/Clinic <input type="checkbox"/> Large Animal Ambulatory	



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<input type="checkbox"/> Small Animal Hospital/Clinic	<input type="checkbox"/> Small Animal Ambulatory
<input type="checkbox"/> Embryo Transfer Facility	<input type="checkbox"/> Swine

**III. Employee (“The Student”) Information:**

Student is a: (check one category listed below)

- Western College of Veterinary Medicine (WCVI) student who completed their first, second or third year
- Veterinary Technologist (VT) student who completed their first year of a Canadian Veterinary Medical Association (CVMA) accredited program
- Pre-veterinary student who completed their first, second, third or fourth year of science

Provide information for the student to be employed. Applications will not be accepted prior to a student being identified:

1. Name of Student:	2. Current Year Level: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4th
3. Post Secondary Email Address:	4. Personal Email Address:
5. Cellphone Number:	6. Confirmed Manitoba Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Prov: _____
7. Complete Address (include House/Apartment No., Street Name, Box No., City, Province & Postal Code):	
8. Academic Institution: (name of university or college)	

**IV. Employer (“The Applicant”) Declaration:**

I confirm that I have read and understood the objectives, principles and criteria set out in the terms and conditions of the VetSTEP, and understand the applicant must meet the following conditions in order to be eligible for funding:

1. The applicant agrees to comply with the terms and conditions of the VetSTEP.
2. The applicant agrees to provide financial documentation of all expenditures and other documentation as required to support payment.
3. The applicant grants the Minister of Agriculture (AGR) or its designate the right to conduct a compliance audit on the project described in this application.
4. The applicant agrees that, unless authorized, costs incurred before the signing of the funding decision letter are not eligible for reimbursement.
5. The applicant agrees that Manitoba will not be liable for any claims for damage from the recipient or third parties related to the activities carried out by the recipient or on his/her behalf.
6. The applicant is in compliance with federal, provincial and municipal requirements.
7. There are no conflict of interest situations with the applicant relative to the VetSTEP and AGR.
8. This application has been signed below by the CEO/Chairman/President, owner(s) or a legally authorized representative who is duly authorized to accept the terms and conditions by clicking on the box indicating your acceptance. If you do not have the authority or do not accept the terms and conditions, you must not submit this application.



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9. I understand that, if this application is accepted, I will be required to enter into a funding agreement with AGR that sets out the terms and conditions for funding.

I understand that the information contained in this application is being collected for the purpose of assessing and reviewing my eligibility for funding under the VetSTEP, and that such information will be used and disclosed for application assessment and review purposes, including verification of the information submitted, verification of claims submitted and audit of payments made as well as program review, statistical purposes, and performance reporting.

I consent to my personal information being disclosed to the extent reasonably necessary to determine my eligibility for the VetSTEP.

I consent to AGR collecting my personal information and disclosing personal information about me to program partners, including participating students, the Manitoba Veterinary Medical Association (MVMA), Western College of Veterinary Medicine (WCVN), other academic institutions and other organizations for the following purposes only:

- to verify eligibility and administer, monitor, evaluate and audit payments;
- to contact you about other program assistance and projects related to providing mentoring, training and employment for veterinary students and graduates;
- for a survey of program participants and program review, statistical purposes, and performance reporting.
- for the preparation of reports about the program by AGR for use by AGR and disclosure by AGR to program partners, including the MVMA and WCVN.
- for public release by AGR of my name, the amount of funding received, and the general nature of the project or activity undertaken by me for which funding is being made available.

I understand that my personal information will otherwise only be used or disclosed with my consent or with other legal authority. The information provided in this application is, to the best of our knowledge, complete, true and correct. I represent that the above consents are made on behalf of the applicant (if applicable) and any other person named in this application.

By signing below, you are agreeing with the information contained in this section and confirming that you have read and agree with the Terms and Conditions for the VetSTEP.

Signature of Employer Representative (for this grant):	Designation:
Name of Employer Representative (for this grant):	Date (yyyy-mm-dd):

**V. Employee Declaration:**

**WHY WE COLLECT PERSONAL INFORMATION OF STUDENTS HIRED BY CLINICS AND PRACTITIONERS PARTICIPATING IN THE VetSTEP.**

AGR administers the VetSTEP to assist veterinary practices and practitioners in rural Manitoba that provide summer employment to eligible students.



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AGR collects personal information about you and discloses personal information about you to program partners, including participating employers, Manitoba Veterinary Medical Association (MVMA), Western College of Veterinary Medicine (WCVM), and other academic institutions for the following purpose only:

- to verify eligibility and administer, monitor, evaluate and audit payments to veterinary practices and practitioners;
- for a survey of program participants for program review and performance reporting;
- for the preparation of reports about the program by AGR for use by AGR and disclosure by AGR to program partners, including MVMA and WCVM; and
- to contact you about other program assistance and projects related to providing mentoring, training and employment for veterinary students and graduates.

Any other use or disclosure of your personal information must be authorized by you or authorized under privacy legislation.

Where AGR collects information about you, the collection is authorized under subsection 36(1)(a) of The Freedom of Information and Privacy Act.

If you have questions concerning the use of personal information, please contact AGR:  
 Manager – Industry Foundation, 1129 Queens Avenue, Brandon, MB R7A 1L9

**CONSENT TO COLLECTING AND DISCLOSING PERSONAL INFORMATION**

I understand that AGR will:

- Collect information about me for the purposes listed in the section above.
- Disclose personal information about me to and from other program partners, including participating employers, MVMA and WCVM, for the purposes listed in the section above.

I consent to the collection, use and disclosure of personal information about me by AGR, participating employers, MVMA and WCVM as may be necessary for the purposes listed in Section (1) above.

The information provided about me in this application is, to the best of my knowledge, complete, true and correct

By signing below, you are agreeing with the information contained in this section.

Signature of Student:

Name of Student:

Date (yyyy-mm-dd):

VetSTEP Office Use Only:

Date Received (yyyy-mm-dd):

Received by: