DURHAM COLLEGE
SUCCESS MATTERS

Mental Health for Healthcare Workers (MHHW) Employment Letter

Professional and Part-Time Learning

Complete and submit to:
ppladmissions@durhamcollege.ca

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STUDENT INFORMATION (LEGAL NAME)		
Student First Name	**Student Middle Name**	**Student Last Name**
Student Job Title		

COMPANY/ORGANIZATION INFORMATION		
Name		
Address		
City	**Province**	**Postal Code**

COMPANY/ORGANIZATION VERIFIER *Verifier must be supervisor, manager of the student applicant or an HR professional.*	
Verifier First Name	**Verifier Last Name**
Verifier Position	◯ **Supervisor** ◯ **Manager** ◯ **HR**
Email Address	**Telephone #**

I, _____ _____ verify that _____ _____ has been employed by _____ in the role of _____ with the primary work being conducted in Ontario within the past five years.

_____ _____

Verifier's Signature Date

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