



Centre for
Heart Lung Innovation
UBC and St. Paul's Hospital

Room 166
1081 Burrard Street
Vancouver BC V6Z1Y6
www.hli.ubc.ca
info@hli.ubc.ca

NEW STUDENT FORM

Please provide all the information outlined below to facilitate your new student hire

Personal Information

Legal First Name: _____ Preferred First Name: _____

Last Name: _____

Supporting Documents

- ☐ Copy of CV/Resume (Please include the document with this form)
- ☐ UBC Personal data form

Appointment Details

- ☐ Co-op/Summer Student
- ☐ Graduate Student (PhD/Masters)
- ☐ Other _____

Will this new member require an HLI network/email account? Yes ☐ No ☐

Will this new member require an PHC email account? Yes ☐ No ☐

Will this new member require an ID badge? Yes ☐ No ☐

Will this new member be working on-site, hybrid or remotely? _____

Funding Details

Start Date: _____ End Date: _____

Cost Centre/speed chart(s): _____ Percentage(s): _____

FTE: Full Time ☐ Part Time ☐ Casual ☐ Hours per week: _____

Hourly rate: _____ OR Monthly salary rate: _____

Minimum Salary Recommendations:

Co-op Student and UAA Student - \$2,800.00 per month (working 35 hours per week)

PI Signature: _____

Date: _____

Please complete all areas of this form and return to: Kate Paran at kate.paran@phc.ca

