Application Form

Medical Receptionist / Administration Officer

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| **Name** |  | **Date Completed** |  |
| **Phone** |  |
| **Email** |  |
| **Briefly outline your experience that is RELEVANT to this position** *(use dot points)* |
|  |
| **Specify your availability to work** *(days of week and hours)* |
| *Please tick* * Monday Hrs available………………………………………………………….
* Tuesday Hrs available………………………………………………………….
* Wednesday Hrs available………………………………………………………….
* Thursday Hrs available………………………………………………………….
* Friday Hrs available………………………………………………………….
* Saturday Hrs available………………………………………………………….
* Sunday Hrs available………………………………………………………….
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| **Please outline any limitations that may prevent you from working the hours outlined above and working across all practice locations***. (eg No car, Carer commitments, childcare hours, religious requirements)* |
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| **Briefly outline why you think you would be a good fit in our practice** |
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