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…………………………………………………………. | | | |
| **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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