



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 <i>(use dot points)</i> | | | | | | | | | | | | | | | |
| Specify your availability to work <i>(days of week and hours)</i> <i>Please tick</i> <table><tr><td><input type="checkbox"/> Monday</td><td>Hrs available.....</td></tr><tr><td><input type="checkbox"/> Tuesday</td><td>Hrs available.....</td></tr><tr><td><input type="checkbox"/> Wednesday</td><td>Hrs available.....</td></tr><tr><td><input type="checkbox"/> Thursday</td><td>Hrs available.....</td></tr><tr><td><input type="checkbox"/> Friday</td><td>Hrs available.....</td></tr><tr><td><input type="checkbox"/> Saturday</td><td>Hrs available.....</td></tr><tr><td><input type="checkbox"/> Sunday</td><td>Hrs available.....</td></tr></table> | | <input type="checkbox"/> Monday | Hrs available..... | <input type="checkbox"/> Tuesday | Hrs available..... | <input type="checkbox"/> Wednesday | Hrs available..... | <input type="checkbox"/> Thursday | Hrs available..... | <input type="checkbox"/> Friday | Hrs available..... | <input type="checkbox"/> Saturday | Hrs available..... | <input type="checkbox"/> Sunday | Hrs available..... |
| <input type="checkbox"/> Monday | Hrs available..... | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tuesday | Hrs available..... | | | | | | | | | | | | | | |
| <input type="checkbox"/> Wednesday | Hrs available..... | | | | | | | | | | | | | | |
| <input type="checkbox"/> Thursday | Hrs available..... | | | | | | | | | | | | | | |
| <input type="checkbox"/> Friday | Hrs available..... | | | | | | | | | | | | | | |
| <input type="checkbox"/> Saturday | Hrs available..... | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sunday | Hrs available..... | | | | | | | | | | | | | | |
| Please outline any limitations that may prevent you from working the hours outlined above and working across all practice locations. <i>(eg No car, Carer commitments, childcare hours, religious requirements)</i> | | | | | | | | | | | | | | | |
| Briefly outline why you think you would be a good fit in our practice | | | | | | | | | | | | | | | |