



APPLICATION FORM FOR CLINIC STAFF

PERSONAL DETAILS

Full name:			
Residential Address:			
Country of Citizenship/Permanent Residency:			
Home Telephone No:	Mobile No:	Work No:	

QUALIFICATION DETAILS

Primary Medical Qualifications:	
Country of Qualification:	
Name of Institution:	
Year Completed:	

Important Notice:

In order for us to process your application, please attach your:

1. Current resume
2. Transcripts and Qualification Certificate
3. Referees. (minimum of two)

Please complete and email a copy of this application along with the listed documentation to hr@atsichs.org.au

Contact person:

Komil Chandra
Human Resources Officer
Tel: 07 4957 9416