

Staff Vacancy Advertisement Request Form



Fremantle
GP Network

Authorised Contact: _____

Practice Name: _____

Practice ABN: _____

Practice Address: _____

Postal Address: _____

Business Telephone: _____

Fax: _____

Email: _____

Are you happy to receive information via e-mail? **Yes** **No**

Position to be listed:

GP **Practice Manager** **Practice Nurse**

Position Description (Max. 100 Words): _____

Opening Date: _____

Closing Date: _____

Preferred Method of Application:

Mail **Email** **Fax**

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