



MEDICAL ADMINISTRATION TRAINING PTY LTD

A.B.N: 33 106 342 367

PO Box 2145 Strathpine Q 4500
Ph. (07) 3205 2290 Fax. (07) 3889 8030
E-mail : info@medtrain.com.au
Web Address: www.medtrain.com.au

REGISTRATION FOR EMPLOYMENT AGENCY SERVICES

Doctor/Practice Name _____

Address _____

Telephone Numbers: _____ Mobile _____

Pager _____ Fax _____

Number of Employees Required _____

Position Description (i.e. Medical Secretary, Accounts etc.)

Type of employment: Part Time/Job Share Full Time Temporary

Weekend Evening

Own Transport Required: Yes/No (Please Circle)

Additional information/specific requirements _____

I/we _____ agree that all contact with prospective employees be made

through Medical Administration Training, and that upon any of the said candidates supplied by

Medical Administration Training being successfully employed by _____

_____ that the sum of **\$500 (plus GST)** per employee will be

paid to Medical Administration Training, upon the issuing of the necessary tax invoice.

Signed _____

Dated _____