



**Kingston**  
Training and Employment Pty Ltd

Application Form

- **INTRODUCTION TO MEDICAL RECEPTION**
- **CERT III IN BUSINESS (OFFICE ADMINISTRATION) MEDICAL RECEPTION**

*Please indicate preference*

- INTRODUCTION TO MEDICAL RECEPTION**
- CERTIFICATE III IN BUSINESS (OFFICE ADMINISTRATION) MEDICAL RECEPTION**

*Please indicate preferences*

- PART-TIME**       **CORRESPONDENCE**
- Evening Class**     **Day Class**

*Location*

- BUNBURY**       **MANDURAH**       **GERALDTON**       **PERTH**

*Please provide a C.V. or Personal Portfolio if available with your application*  
*Please complete all questions*

**1. PERSONAL DETAILS**

Title..... Sex..... Surname.....

First given name.....

Second given name..... Language spoken.....

Date of Birth..... Australian Nationality: YES / NO

Former Surname.....

Notification Address.....

..... Postcode.....

Phone: Home..... Business..... Mobile.....

E-mail.....

Permanent Home Address.....

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**2. WORK EXPERIENCE** All areas .....

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**3. EMPLOYMENT HISTORY** All areas .....

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**4. SECONDARY EDUCATION**  
Brief outline of level of schooling and achievements

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**4. POST SECONDARY QUALIFICATION**  
Brief outline including achievements

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I.....declare that the information provided is current  
and correct.

Applicants signature.....Date.....

### COMPLETION OF APPLICATION FORM

Dental Nursing Australia has an "Application Support Number" for those applicants requiring more information or assistance with their application: **1300 8555 03**

- *Please remember to complete all sections of the form if possible*
- *Additional sheets of information can be included*
- *Please use black or blue pen*
- *Do not submit more than one application*
- *Faxed or E-mailed applications will be accepted*

### SUBMISSION OF THIS APPLICATION

You may provide, though not essential, a C.V., Personal Portfolio, additional information or Certificates to enhance your application.

Post applications to: Applications Medical Reception  
Dental Nursing Australia  
P.O. Box 6014  
South Bunbury 6230 W.A.

**OR fax to: (08) 9726 3383**

*Application must include appropriate documentation to be fully processed.  
You will be notified by letter or telephone of the result of your application.*

**Please Note: This is not an Enrolment Form**

**WISHING YOU EVERY SUCCESS WITH YOUR ENDEAVOURS!**

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**Privacy Policy** (Following the Privacy Act 2001)

*Information in this document will be kept secure at all times, attainable only by appropriate staff and will not be utilized for any other purpose than to provide entrance into the training programme concerned.*