

## **MEDICAL STAFF PTY LTD**

Medical/Nursing Agency A.B.N. 81 118 334 633

 Tel:
 1300 10 50 10
 Head office: 552 Pacific Highway, St Leonards NSW 2065

 Fax:
 1300 925 000
 Correspondence Address: P.O. Box 1444, Lane Cove NSW 1595

## MEDICAL STAFF PTY LTD STATUTORY DECLARATION

		STATUTO	RY DECLARATIO	N			
I	of	in the State of					
(Print Name) DO SOLEMNLY AND SINCERLI A: I am not in possession of my Sta B: The following is a record of all r	(Addre EY DECLARE THAT: ntement of Service/ Service	ess)					
Name of Employer or Hospital	Employment Commenced (D/M/Y)	Employment Ceased (D/M/Y)	Classification (i.e. RN, EN, AIN)	F/T, P/T, Casual	F/T, P/T=Hours Worked per week Casual=total hours	Unpaid Leave taken	
I have received Long Service Leave I have not received Long Service Le My married Name / maiden Name ( I make this solemn Declaration con	eave / payment in lieu ther (if applicable) is	eof.	  luration) 	 	 alth of Australia Statutory E	eclarations Act 1959	
Signature Declared at		This		Γ	Day of 20		
		Justice of the Peace, state of					