MEDICAL STAFF PTY L/TD

Medical/Nursing Agency A.B.N. 81 118 334 633 Tel: 1300 10 50 10 Fax: 1300 925 000

(Print Name)

552 Pacific Highway, St Leonards NSW 2065 Correspondence Address: P.O. Box 1444, Lane Cove NSW 1595



MEDICAL STAFF PTY LTD STATUTORY DECLARATION

in the State of New South Wales

DO SOLEMNLY AND SINCERLEY DECLARE THAT:

A: I am not in possession of my Statement of Service/ Service Records Book

of

(Address)

B: The following is a record of all my experience / service

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
		1	1			

I have received Long Service Leave / Payment in lieu thereof,

(duration)

I have not received Long Service Leave / payment in lieu thereof.

My married Name / maiden Name (if applicable) is _____

I make this solemn Declaration conscientiously believing the same to be true and by virtue of the provisions of the Commonwealth of Australia Statutory Declarations Act 1959

Signature

Declared at	This	Day of	20
Before Me	Justice of the F	Peace, New South Wales	

Version 3-2013