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## BOOKING REQUEST FOR QLD HOSPITALS

<b>ATTENTION</b>		<b>DATE</b>	
<b>HOSPITAL</b>			
<b>DEPARTMENT</b>			
<b>LOCUM REQUIRED (Title)</b>			
<b>ADDRESS</b>			
<b>EMAIL CONTACT</b>			
<b>PHONE</b>		<b>FAX</b>	

We acknowledge receipt of your booking request for a Locum Tenens for the period:

<b>FROM</b>		<b>TO</b>	
<b>MON</b>		<b>WED</b>	
<b>TUE</b>		<b>THU</b>	
		<b>SUN</b>	

Hourly Rate:

In signing this form I / We agree to comply with the terms and conditions of Australian Medical Placements.

Sign: \_\_\_\_\_