

**Albury Hospital**  
**Borella Road**  
**(PO Box 326)**  
**Albury NSW 2640**  
**Phone: (02) 6058 4444**  
**Fax: (02) 6058 4504**



**Wodonga Hospital**  
**Vermont Street**  
**(PO Box 156)**  
**Wodonga VIC 3689**  
**Phone: (02) 6051 7111**  
**Fax: (02)6051 7477**

Dear Applicant

Thank you for your enquiry regarding a position with Albury Wodonga Health.

Prior to preparing your application, please ensure that you read the brochure "**Guidelines for Job Applicants**". Once you have read the brochure, please follow the directions carefully. Failure to do so may render your application invalid.

Your application will be evaluated against your address of the selection criteria, or comments pertaining to the primary responsibilities where applicable, as well as the experience outlined in your resume. It is up to you to take this opportunity to sell yourself to the Health Service.

Please do **NOT** submit your application in any form of binder. Applications should be stapled in the top left hand corner.

Submitted applications become the property of the Health Service and will not be available for return.

We look forward to receiving your completed application. This should include the application form, your statements addressing the Selection Criteria and your current C.V. which will contain the names of two professional referees (one of which should be your current supervisor).

Yours faithfully,

A handwritten signature in black ink that reads "DK Elder".

Don Elder  
**Human Resource Director**