

## **AGENT APPLICATION FORM**

DETAILS				
AGENT NAME				
SURNAME			GIVEN NAME	
ADDRESS IN AU	STRALIA			
SUBURB			POSTCODE	
ADDRESS OUTS	IDE AUSTRALIA		COUNTRY	
ADDRESS				
SUBURB			POSTCODE	
MOBILE			TELEPHONE (WORK)	
ABN			ACN	
EMERGENCY CO	NTACT		NAME	
ADDRESS				
POSITION			TELEPHONE	
(Please provide	a business pl	peration as an education if your company is n	new).	
		tudents that your offic		
Where (which o	countries) do	ou send most of your	students?	
How many stud	dents does yo	ur agency brought to A	ustralia to study in the	e last 12 months?
Do you work w	ith any other	education agents as a p	oartnership or an affilia	ation?

## WARATAH POLYTECHNIC PTY LTD

ABN: 72 643 576 765

RTO: 45881

CRICOS:

Version: 2.1 Release Date: Jan 2024

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	other Australian Institutions: (IT Yes	, please describe the institutions' names.)	
Agency information (C			
Key staff contact (1) Po	osition		
Referees			
Please include the deta	ails of one (1) referee we can conta	ct, including one educational institution in Australia	ì.
Name:			
Title:			
Phone:	Fax:	Email:	
Declaration			
Print name:			
Signature:			
Position:		Date:	
Thank you for taking th	ne time to complete this form.		
Please return to:			
Position College Name Address			
Email:			

## **Check List**

- Completed Application form:
- 2. Certificate of Business Registration
- 3. Reference letter

- 4. Passport photo or any photo identification
- 5. Business Profile.
- 6. All registered Business Documents

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