



# Hospitality Training Australia

*Bringing a real world of learning experience*

## AGENCY AGREEMENT APPLICATION FORM

\* Please forward a copy of your Business Profile with this Agent Application

Company Name:

ABN (If Available):

### Main Office Contact Details

Contact Name(s):

Position:

Email:

Phone:

Website:

Fax:

Company

Address (postal):

### Agent Details

Years in education  
consultation:

No. Students sent to  
Australia per year:

Main business:

Services provided to students:

No. of staff in student's section:

Member of Associations:

Countries represented:

Australian Institutions  
represented:

### Referees

At least one referee should be from an educational institution that you represent in Australia.

Contact Name(s):

Position:

Organisation:

Phone:

Email:

Fax:

Address:

Contact Name(s):

Position:

Organisation:

Phone:

Email:

Fax:

Address:



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If you have other offices operating, please provide details of each office.

## Other Branches Details

Branch Name: \_\_\_\_\_  
Contact Name(s): \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Website: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company \_\_\_\_\_  
Address (postal): \_\_\_\_\_

Branch Name: \_\_\_\_\_  
Contact Name(s): \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Website: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company \_\_\_\_\_  
Address (postal): \_\_\_\_\_

Branch Name: \_\_\_\_\_  
Contact Name(s): \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Website: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company \_\_\_\_\_  
Address (postal): \_\_\_\_\_

Branch Name: \_\_\_\_\_  
Contact Name(s): \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Website: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company \_\_\_\_\_  
Address (postal): \_\_\_\_\_

## DECLARATION:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_