



AGENT APPLICATION FORM 2020

All questions must be answered and details filled in, if not applicable please mark N/A.

Email to admissions@casstraining.com.au or info@casstraining.com.au

| AGENT DETAILS | |
|--|---|
| Trading Name | |
| Legal Name | |
| ABN | |
| Contact Person | |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other |
| Australian Office Address | |
| E-mail Address | |
| Telephone | |
| Overseas Office Address if applicable | |
| Agent market | |
| How did you hear about us? | <input type="checkbox"/> Friends/relatives <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Australian Embassy <input type="checkbox"/> Austrade <input type="checkbox"/> Agent – please provide name: <input type="checkbox"/> Other – please provide details: |
| In order to become one of our official representatives (agents) CTIC requires references from your current partners (Colleges/Institutes/Universities, etc.). Please provide details of 2 referees we can contact: | |

| REFEREE 1 | | | |
|------------------|--|-----------------|--|
| Institution Name | | Name of Referee | |
| Position | | E-mail | |

| REFEREE 2 | | | |
|------------------|--|-----------------|--|
| Institution Name | | Name of Referee | |
| Position | | E-mail | |

Agent Signature

Date