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## Agency Registration Form

Please complete the registration details below to enable referrals from your agency to Reid's Guest House

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact phone number: \_(\_\_\_\_)\_\_\_\_\_

Email address for invoices: \_\_\_\_\_

Name of person completing this form:

\_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: \_(\_\_\_\_)\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please email completed form to [reids@ucare.org.au](mailto:reids@ucare.org.au)**

**A staff member will be in contact with you once this form has been processed**