Office Hours: Mon - Fri / 10am - 4pm



ABN: 14 508 858 865

**Contact Details** 

## **Agency Registration Form**

Please complete and return this form to nicole@helpinghandsmission.org.au

Date:		
Agency:		
Address:		
Agency Contact:		
Phone number:	Mobile Number:	
Email Address:		

## **Agency Overview**

Please provide a brief overview of your agency, including services provided, suburbs and municipalities supported, number of staff, number of volunteers and number of clients:

## Agencies please note:

To submit a form for an existing client, please download the Material Aid Request form available on our website. Completed registration forms can be emailed to <a href="mailto:nicole@helpinghandsmission.org.au">nicole@helpinghandsmission.org.au</a> and upon registration, agencies will be emailed a Material/Emergency Aid Request Form template.