



## Organisation Details

Name of Organisation ABN  
Postal Address Postcode  
Street Address Postcode

Organisation Contact Number  
Organisation Website

For schools please indicate type

## Authorising Officer Details (the Authorising Officer is the most senior person within your organisation)

Title Name  
Position within Organisation  
Email Work Phone

*I acknowledge that when my organisation's application is processed, an Award Agent Agreement will be sent for completion and signing before any charges are incurred and before my organisation can commence operating as an Award Agent.*

Authorising Officer Signature Date

## Ignite Leader 1 Details (a Nomination Form will be emailed to this contact)

*Each Award Agent must appoint an Ignite Leader. This person is the main contact for the Award Agent and is responsible for running Ignite Award within that organisation.*

Title Name  
Email

## Ignite Leader 2 Details (a Nomination Form will be emailed to this contact)

Title Name  
Email

## Finance/Accounts

Accounts department contact person  
Contact email  
Contact phone number

## Final Checklist

Prior to submitting your application, please read through the below checklist and ensure you have all relevant documents attached:

- Signed Award Agent Agreement
- Applicable insurance certificates have been attached

Please send completed application form to [info@igniteaward.org.au](mailto:info@igniteaward.org.au)