

ABN: 76 140 161 600 RTO Code: 88191

CRICOS Provider No: 03644F

## **AGENT APPLICATION FORM**

Company Details:
Company name:
Trading Name:
ABN/ACN:
Contact Number:
Alternative Contact Number:
Email:
Website:
Company Address:
Main Address:
Postal Address:
Director's Name:
Contact Number:
Email:
Other Branches:
Branch 1 Address:
Branch 2 Address:
Branch 3 Address:
ears in education consultation:
lo. of students sent to Australia per year:
Countries represented:
sustralian Institutions represented:



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## Referees: (must be from an Australian Institution)

Referee 1:	
School name:	
Contact Name:	
Position:	
Email Address:	
Phone No.:	
Website:	
Referee 2:	
School name:	
Contact Name:	
Position:	
Email Address:	
Phone No.:	
Website:	
<ul><li>☐ Company Pro</li><li>☐ Business reg</li><li>☐ Other relevant</li></ul>	ration certificate documents
Email to: office@key2le	iing.edu.au
Declaration	
•	ating Key 2 Learning College as an education agent and I agree to do so in an anner. Moreover, I agree to adhere to the college's policies & procedures.
Signed By:	
Signature:	Date:
Name:	
Position:	
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## Staff Use only:

Reference Check completed and attached	□ Yes	Date Completed:
Outcome of Agent Application:	□ Yes	Date Approved:
Staff Name:	Position:	
Staff Signature:	Date	