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CRICOS 02563D

Education Agent Application Form

Organisation Name:	<input type="text"/>	Today's Date:	<input type="text"/>
Registration No.:	<input type="text"/>	Place of Registration:	<input type="text"/>
Date of Registration:	<input type="text"/>	Expiry Date:	<input type="text"/>
Organisation Address:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>	Website:	<input type="text"/>

Agent contact details

Name of Director :	<input type="text"/>		
Given Names:	<input type="text"/>	Surname:	<input type="text"/>
Name of main contact officer:	<input type="text"/>		
Given Names:	<input type="text"/>	Surname:	<input type="text"/>
Direct Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Fax:	<input type="text"/>	Email:	<input type="text"/>

List of References (At least 3)

Reference 1

Organisation name:

Organisation address:

Contact person's name:

Contact e-mail:

Contact telephone

Reference 2

Organisation name:

Organisation address:

Contact person's name:

Contact e-mail:

Contact telephone

Reference 3

Organisation name:

Organisation address:

Contact person's name:

Contact e-mail:

Contact telephone