



AGENT APPLICATION FORM

Please fill in details below

NAME OF ORGANIZATION	
REGISTERED COMPANY NAME	
TRADING NAME	
NAMES OF OWNERS OF COMPANY	
NAMES OF DIRECTORS OF COMPANY	
NAME OF CONTACT PERSON	
ADDRESS OF HEAD OFFICE : STREET	
CITY, POSTAL CODE	
COUNTRY	
TELEPHONE NUMBER	
MOBILE PHONE	
E-MAIL ADDRESS	
WEBSITE	
Are you accredited to act as an agent in your country? Yes, No Is so by whom?	
When was your company established ?	
How many students did you send to Ireland/UK last year ?	
For which education level do you currently recruit? Junior English Language Courses ✓	High School Junior English Adult English Business English Other
Do you visit Ireland in the course of business ?	
How did you hear about our schools? Web ✓	Web Trade Show Trade Jou Advertisement Word of Mouth Other
I undertake that the information provided in this application is a true accurate record as to the operation of the educational agency I represent.	Signed on behalf of the prospective agent:
	Name:
	Date :
	Position:

