



## Kalandra Education Agent Application Form

Please complete and return this form to [training@kalandra.ac.nz](mailto:training@kalandra.ac.nz)  
 Following reference checking you will be advised if we can provide you with  
 an Education Agency Agreement.

Agency Name			
Agency Signatory & Title			
Physical Address			
Mailing Address (If different from above)			
Phone		Mobile	
Email			
Website			
<b>Contact Person:</b>  Please provide details of a staff member whom we can contact for updates and queries throughout your service with us.	<b>Contact person:</b>  <b>Contact email address:</b>  <b>Contact phone number:</b>		
<b>References:</b>  Please provide details for two Education Providers you have a current agency agreement with – preferably in New Zealand	<u><b>Education Provider 1:</b></u>  <b>Contact person:</b>  <b>Contact email address:</b>  <u><b>Education Provider 2:</b></u>  <b>Contact person:</b>  <b>Contact email address:</b>  <b>Contact Person and Email:</b>		