

Application Form

Education UK Certificate for Agents

September – October 2014

Personal Information

Name :

Sex : Male Female

Date of Birth : dd/mm/yyyy

Address :

Telephone :

Mobile :

Email :

Fax :

Website (if any) :

Occupational Information

Occupation :

Institution :

Address :

Telephone :

Email :

Fax :

Website :

Please provide the list of UK education institutions that your institution has agreement with :

Have you ever participated in the British Council's Education Agent Training?

Yes, when: _____ No

Professional References

Please provide at least 1 (one) professional reference from your institution.

Referee 1

| | | |
|-----------------------|---|--|
| Name | : | |
| Designation/ Position | : | |
| Institution | : | |
| Phone Number | : | |
| Mobile | : | |
| Email | : | |

Referee 2

| | | |
|-----------------------|---|--|
| Name | : | |
| Designation/ Position | : | |
| Institution | : | |
| Phone Number | : | |
| Mobile | : | |
| Email | : | |

Acknowledgment

I hereby acknowledge that the above statements are true and correct.

Signature,

(Full name)

Date: dd/mm/yyyy

Please submit this form before **August 16th, 2014** by email to :

hendri.wijaya@britishcouncil.or.id or *meinanda.chudahman@britishcouncil.or.id*