



Industry specific training and consultation

AGENT LOGIN REQUEST

APPLICANT INFORMATION

Full Company or Business Name:

Trading Name:

Current address:

State:

Post Code:

Telephone Number:

Facsimile Number:

Email Address:

Website:

Entity Type: Sole Proprietor Company Partnership Government

ABN:

Date Business Commenced:

Main Contact Person:

Position:

Telephone Number:

Email Address:

Contact for Accounts:

Position:

Telephone Number:

Email Address:

LOGINS REQUESTED

To request an agent's login for nominated staff members within your organisation please provide the information requested below for each staff member. A user login and passwords will be emailed to each nominated staff member. It is the sole responsibility of the nominated staff member to protect the password issued to them by Key Skills Training. If the user discovers that there password is known to unauthorised persons or some other risk of misuse exists, they must notify Key Skills Training immediately. Key Skills Training will then take appropriate action to bar the password and issue the user with a new password.

1. Staff Members Name:

Email Address:

Telephone Number:

2. Staff Members Name:

Email Address:

Telephone Number:

3. Staff Members Name:

Email Address:

Telephone Number:

4. Staff Members Name:

Email Address:

Telephone Number:

5. Staff Members Name:

Email Address:

Telephone Number:

AUTHORISATION

To be signed by an authorised person representing the Agent.

Signature:

Date:

Name and position: