Together We Learn
Central Okanagan Public Schools
International Education
Central Okanagan Public Schools • International Education Department
1040 Hollywood Road South, Kelowna, BC V1X4N2 • Phone 250-470-3258 Fax 250-870-5188 • www.internationaleducation.ca

CONSULTANT APPLICATION FORM

Please provide the following information:

Company Name

Company Website

Company Phone Company Fax

Representative Email

Position Department

Office Phone Cell Phone

Street Address City

Province/District Country

Postal Code General Phone

How long has your agency been in business?

What is your business number?

Will you authorize us to complete a credit check? ☐ YES ☐ NO

How many students did your agency send abroad in the last 12 months?

If not an agency, but an individual, your S.I.N. is required:

Do you recruit International Students for any other school district? ☐ YES ☐ NO

If YES, which school district(s):

I hereby agree to abide by the terms and conditions outlined in the "Recruitment Agreement" as provided by School District No. 23 (Central Okanagan) International Education.

Signature of Consultant and/or Representative

Provide references on page 2 of this form. Submit completed form to international.education@sd23.bc.ca

For International Ed. Office only:
Agent I.D. number _____ Entered on DB _____
(Date / Initial)
Copy of Business License if Applicable _____

Please provide us with three references that we may call or e-mail.

Reference 1

Name:

How long have you known this person : years months

What is your relationship to this person:

Telephone number:

E-mail address:

This person permanently resides in:

*Date called:*_____ *By whom:*_____
Comments:
_____

Reference 2

Name:

How long have you known this person : years months

What is your relationship to this person:

Telephone number:

E-mail address:

This person permanently resides in:

*Date called:*_____ *By whom:*_____
Comments:
_____

Reference 3

Name:

How long have you known this person : years months

What is your relationship to this person:

Telephone number:

E-mail address:

This person permanently resides in:

*Date called:*_____ *By whom:*_____
Comments:
_____