

AGENT APPLICATION FORM

AGENCY DETAILS

Company Legal Name:

Company Trading Name:

ABN (if applicable):

ACN:

Contact Person:

Position:

Phone / Mobile:

Fax:

Email:

Website:

CONTACT DETAILS

ONSHORE Office Address -

Building/Property Name:

Flat/Unit details:

Street Number:

Street Name:

City/Suburb:

State/Country:

Post Code:

OFFSHORE Office Address -

Building/Property Name:

Flat/Unit details:

Street Number:

Street Name:

City/Suburb:

State/Country:

Post Code:

SURVEY QUESTIONS

How many staff / course counsellors does your company employ?

What are the nationalities of students that you recruit?

Do you have agreements with other institutes, please provide details?

What services does your company provide to the students – potential or current?

What fees does your company charge for these services?

Do you have the knowledge and a good understanding of the requirements of the Education Services for Overseas Students ESOS Act (2000) and National Code (2018) as an Education Agent?

Yes No

What is the total number of students referred to Australian educational institutions over the past 2 years?

High School & ELICOS Courses: _____

Vocational Course: _____

Undergraduate Course: _____

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How did you hear about Australian College of the Professions (ACP)?

- | | |
|--|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Exhibition |
| <input type="checkbox"/> Friends / Relatives | <input type="checkbox"/> Newspaper / Magazine |
| <input type="checkbox"/> Agent _____ | <input type="checkbox"/> Other _____ |

SUPPORTING DOCUMENTS

- Certificate of Registration / ABN
- Business licenses (If relevant in country of operation)

REFEREES

Please list the names and contact details of 2 referees.

Name of Contact Person 1:

Name of Institution:

Email

Phone

Name of Contact Person 2:

Name of Institution:

Email

Phone

AGENT DECLARATION

I confirm that the information provided is true and accurate.

Name of the Contact Person: _____

Position:- _____

Signature: _____

Date: _____