

## AGENCY APPLICATION FORM

### COMPANY DETAILS

Company name:			
Name of Director/Owner:			
ABN or International Company Registration Number:			
MARN Number:			
Address:			
State:		Post code:	
Office phone:		Mobile number:	
Fax no:		Website:	
Email:			
Contact name:			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Other:			
Position:			
Email:			
Offices locations:			

### AGENT PROFILE

Number of student recruited:		Year: _____ Number: _____	
		Year: _____ Number: _____	
Do you charge students for your services?		<input type="checkbox"/> Yes <input type="checkbox"/> No.	
		If yes, please indicate the amounts:	
Could you indicate the type of services you provide to students?			
How many students do you expect to recruit for ACCHS?			
Which countries are your target students?			
Indicate the types of promotion and marketing your agency is doing			
Have you completed the Education Agent Training Course to become Education agents can become Qualified Education Agent Counsellors (QEACs)?		<input type="checkbox"/> Yes <input type="checkbox"/> No. <i>If yes, provide a copy of certificate.</i>	

### REFERENCES

1	Referee Name:		
	Name of Institution		
	Phone number:		Email:
2	Referee Name:		
	Name of Institution		
	Phone number:		Email:

Director/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Application received by:

Staff name: \_\_\_\_\_ Staff Signature:

\_\_\_\_\_ Title: \_\_\_\_\_ Date:

Completed:  Yes /  No

Agent Agreement -  APPROVED /  NOT APPROVED