

AGENT APPLICATION FORM



Thank you for your interest to become one of our Accredited Education agent, please complete this form and return it to us with the following supporting documents: • **ABN** • **Company's profile** • **QEAC** or **MARN registration**

Our Marketing department holds a meticulous process to analyse the application of new education agents in which may take up to two weeks from the submission of this form.

Official Use Only

Referees Checked by:

Agent Agreement Prepared by:

Agent Certificate Number (if applicable):

Date:

AGENCY DETAILS

Agency Name:		Director(s):	
ABN (if applicable):		Tax Registered:	<input type="radio"/> YES <input type="radio"/> NO
Australian Migration Agency Number (if applicable):			
Address:			
Suburb:	State:	Post Cdoe:	Country:
Phone:	Mobile:	Email:	
Year of Foundation:	Number of Staff:	Website:	

ABOUT YOUR STUDENTS

List Institutions currently representing in Australia:

1	
2	
3	

The countries/regions **MAINLY** covered by you:

Nationality 1	
Nationality 2	
Others	

How many students will you send in next six months?

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NUMBER of Students you placed last year:

VET	
ELICOS	
Others	

List the most popular courses you promote now:

1	
2	
3	

Any email address for receiving marketing materials?

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REFERENCES

Institution		Contact Person		Email	
Institution		Contact Person		Email	

Name of Director(s)

Signature of Director(s)

Date