

AGENT AGREEMENT APPLICATION FORM

About Your Business

Registered Business Legal Name	
Trading Name	
ABN/ACN	

Contact Person Information

	First Name	Last Name
Name of Director		
Name of Principle Contact Person		

Contact Details

Street Address	
City	
Postcode	
Country	
Telephone	
Mobile	
Email Address	
Website	

About Your Business Operation

Please list the services you provide or intend providing to students.

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Number of Qualified Student Counselors working in the organisation

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List of nationality students you represente?

--

List of Australian Institutes you are working?

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Number of Students enrolled to Australia per year

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Referees

Please List two referees from Australian Educational Institutes that your Agency represents.

Referee 1

Contact Name(s)	
Position	
Organization	

Email			
Telephone			
City		Postcode	

Referee 2

Contact Name(s)			
Position			
Organization			
Email			
Telephone			
City		Postcode	

COMPLIANCE PLEASE TICK ✓ YES OR NO AND COMPLETE ALL SECTIONS

Do you understand that students coming to Australia on a student visa must have a primary purpose of studying and must study full time?
 Yes No

Please list the main responsibilities of Education Agents under the National Code 2018? How will you comply with these obligations?
 Yes No

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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 as an Education Agent?
 Yes No

Do you regularly monitor the Department of home affairs (DoHA) website www.immi.gov.au and the Department of Education website www.education.gov.au?
 Yes No

Are you prepared to comply with the requirements of Apsley College regarding advertising, course materials and application procedures, and provide accurate information to students?
 Yes No

Are you prepared to use material supplied by Apsley College to promote our courses?
 Yes No

DECLARATION

I confirm that the information provided is true and accurate to the best of my knowledge and I authorize Apsley College to approach referees to collect any information/details as you may request from time to time.

Signature: Name of Contact Person:

Date:/...../..... Position:

CRITICAL DOCUMENT CHECKLIST REQUIRED ATTACHMENTS

In order to assess your application, the following documents are required:

Check	Item	Supplied	Verified	Approved by CEO
<input type="checkbox"/>	Evidence of business registration/ license papers			
<input type="checkbox"/>	Company/ business profile, including information on owners and staff and a description of your company's services			
<input type="checkbox"/>	Evidence of professional memberships			
<input type="checkbox"/>	Supporting promotional materials/ information provided to international students, including website URL			

OFFICE USE ONLY -1

Verifications are to be completed

Further Evidence Required & Due Date/...../..... Yes No

Approved Not Approved Date/...../..... Initial Authorized Person:

Name: Signature

Position: Date:/...../.....