Education Agent Application Form *Please complete your applications in block letters*



COMPANY DETAILS

Company Name:		ABN No.:				
Business Address: _						
		Email:				
Business Activities:		Years in Exi	stence:	Number of Staff/C	ounsellors:	
DETAILS OF KEY	DIRECTORS A	ND EMPLOYEES				
	Position:tions and Previous Experience:					
		e:				
Please list other educ	-	have represented or cur	• •		other country	
PERFORMANCE						
The total number of	students referred t	o Australian education in	nstitutions ove	er the past 2 years		
Schools & ELICOS	Courses:					
COMPLIANCE						
Please circle YES o						
1. Have any of your	staff completed or	nly Education Agents tra	ining Courses	YES	NO	
If YES, how many?						
		oplicants the requiremental Code as and Education		ation Services for O YES	verseas? NO	
					site <u>www.immi.gov.au</u> and ernationaleducation.gov.au?	
4. Do you understan and must study full		ning to Australia on a stu NO	ıdent visa mus	st have a primary pu	urpose of studying	



REFERENCES

Please list the names and contact details of two	(2) academic references:
	Telephone:
Name of Institution:	Email:
2.Name of Contact Person:	Telephone:
Name of Institution:	Email:
DECLARATION	
	nd accurate to the best of my knowledge and I authorise Saint et any information/details as you may request from time to time.
Signature:	Name of Contact Person:
Date:/	Position: