

Agent Application Form



RTO Code: 45769 | CRICOS Code: 03957M

Please complete this form in full using a black or blue pen and **BLOCK LETTERS**

COMPANY DETAILS

Legal/entity name:	ABN /ACN
Trading name:	Website:
Head office address:	
Phone:	Email:

COMPANY PROFILE

Year established:	Number of staff:
Number of students recruited each year:	
Main student nationalities recruited:	
Main Australian providers represented:	
Branch office locations (list cities):	
Industry associations:	

WHICH COUNTRY DO YOU RECRUIT STUDENTS ?

Country	Number of Years recruiting from this country
NEPAL	
PHILIPPINES	
INDIA	
INDONESIA	

PRINCIPAL / OWNER

Given name Mr/Ms:	Family name:
Job Title:	Email:
Office Phone:	Mobile:

KEY CONTACT PERSON

Given name Mr/Ms:	Family name:
Job Title:	Email:
Office Phone:	Mobile:

MARKETING

1. What strengths do you believe SC has that will allow you to promote it as a choice of educational institution for overseas students?

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2. How many students do you believe you will be able to recruit for SC in the first year of representation?

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3. What do you need from SC to help you promote it as a choice of educational institution for overseas students?

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INDUSTRY KNOWLEDGE AND TRAINING

Have you and key agency staff read the National Code of Practice for Registration Authorities and Providers of Overseas Education and Training to Overseas Students 2007?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you and key agency staff have a sound knowledge of DIPB regulations and Genuine Temporary Entrant criteria?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you and/or key agency staff done PIER's Education Agent Training Course (EATC)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you and/or key agency staff Qualified Education Agent Counsellors (QEAC)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you and/or key agency staff registered migration agents?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please specify if you have completed any other industry training:

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REFEREES (Please provide two referees including at least one Australian education provider)**Referee 1:**

Given name Mr/Ms:	Family name:
Job title:	Organisation:
Phone:	Email: Sandra@kii.edu.au

Referee 2:	
Given name Mr/Ms:	Family name:
Job title	Organisation:
Phone:	Email:

DECLARATION

I/we declare that all information provided in this application are complete and accurate and that all information pertaining to this application has been fully disclosed, irrespective of whether or not such information was specifically requested.
 I/we authorize Starford College to collect additional information on my agency if required.

I/We declare that I/we understand all relevant laws and regulations of Australia and of the countries where we recruit students, in particular those laws pertaining to Australian consumer protection, the ESOS Act and the National Code 2007. Also agree to regularly view the DHA website to monitor policies and any changes to the policies. I/We confirm my/our obligation to comply with such laws and regulations at all times, including any amendments.

Name:

Position: Director

Signature:

Date:

DD

MM

YYYY

SUPPORTING DOCUMENTS

- Please attach the following documents in support of your application:**
1. Business registration certificate (offshore agencies only)
 2. Company profile
 3. Evidence of staff training and knowledge (ETAC and ASVP preferred)
 4. Registered migration agent certificate/s, if applicable
 5. Referee letters if available
 6. List of branch offices with contact details, if applicable