

# Education Agent Application Form

Please complete this form as comprehensively as possible and return it to our marketing team with all the supporting documentation. Completion of this application will enable us to understand and appraise your agency based on information contained herein.

## Section 1: Company or Business Details

Company Name:			
Trading Name (if different from Company Name):			
Company/ Business Registration Number:			
Years Established:			
Name of Director/CEO:			
City and Country of Company /Business Registration			
Company Address <i>Primary place of business</i>	Address line 1:		
	Address line 2:		
	Suburb:	State:	
	Postcode:	Country:	
Postal Address: <i>If different from above address</i>	Address line 1:		
	Address line 2:		
	Suburb:	State:	
	Postcode:	Country:	
Phone Number/s:			
Fax Number:			
Email:			
Website:			
Social Media Page Links:			
Main Business Activities:			

Number of Years in Education Consultation:		
Number of Staff:		
Number of International Offices		
International Office Locations:	Location 1:	
	Location 2:	
	Location 3:	
	Location 4:	

## Section 2: Director/Principal and Employee Details

Person 1	
Name:	
Position:	
Qualification and Experience Summary:	
Membership of Education Agent Professional Bodies:	
Person 2	
Name:	
Position:	
Qualification and Experience Summary:	
Membership of Education Agent Professional Bodies:	
Person 3	
Name:	
Position:	
Qualification and Experience Summary:	
Membership of Education Agent Professional Bodies:	
Person 4	
Name:	
Position:	

Qualification and Experience Summary:	
Membership of Education Agent Professional Bodies:	

**Section 3: Potential Markets and Services to be Provided**

<p>Target Markets:</p> <p><i>What are your target markets?</i></p>	
<p>Marketing Strategies:</p> <p><i>What marketing strategies will you use to promote our courses?</i></p>	
<p>Student Support Services:</p> <p><i>Please outline any support services that you offer prospective students.</i></p>	
<p>Service Fees:</p> <p><i>Do you charge students any fees for your service? If YES, please provide details of the services and relevant fee for each.</i></p>	

**Section 4: Agency Performance and Compliance**

<p>Australian Education Institutions you are currently representing</p> <p><i>(if more than 5, please provide a full list separately)</i></p>	Institute 1	
	Institute 2	
	Institute 3	
	Institute 4	
	Institute 5	
Number of students referred to Australian education institutes in the past 2 years		

Outline how you and your organisation will fulfil your responsibilities as an education agent as required by the National Code 2018. <i>Please attach additional information if required.</i>	
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Have you or any of your staff completed the Education Agents Training Course (EATC) available through <a href="http://www.pieronline.org">www.pieronline.org</a> ? If YES, please list below who has completed the course.	Yes	
	No	
Do you have a comprehensive understanding of the requirements of the <i>Education Services for Overseas Students Act 2000</i> and <i>National Code 2018</i> ?	Yes	
	No	
Do you regularly monitor the Australian Department of Home Affairs website ( <a href="https://www.homeaffairs.gov.au/">https://www.homeaffairs.gov.au/</a> ) and the Department of Education, Skills and Employment website ( <a href="https://www.dese.gov.au/international-education">https://www.dese.gov.au/international-education</a> )	Yes	
	No	
Are you willing to comply with the requirements of the Institute regarding advertising, course materials and application procedures, and provide accurate information to students?	Yes	
	No	
Are you prepared to use the marketing materials provided by the Institute to promote our courses?	Yes	
	No	

### Section 5: Additional Information

Please provide any other information that you think will support your application.	
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### Section 6: References

Please list down two referees that can vouch for your agency records as an education agent representing their institution. One of the referees must be from an Educational Institute in Australia.

Referee 1	
Name:	

Position:	
Organisation	
Email	
Phone:	
Address:	

Referee 2	
Name:	
Position:	
Organisation	
Email	
Phone:	
Address:	

### Section 7: Main Contact

Name:	
Position:	
Email	
Phone:	

### Section 8: Declaration

In signing this agreement, you declare that

- You are interested in representing Adelaide Education Group (Adelaide International School, Adelaide Institute of Business and Technology and/or Adelaide Institute of Higher Education) as an Education Agent.
- The answers and details provided in this application are true, accurate and complete.
- The institute is authorised to contact the referees listed to collect information about my conduct and services.
- You acknowledge and agree to the privacy statement provided below.

**Privacy Statement:** All information collected, used or disclosed by the institute is confidential and is protected by the Privacy Act 1988 and other relevant legislation. Information about agents or students may be made available to Commonwealth and State agencies if required to provide the information by law.

Signature:	
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Name:	
Date:	

**Note:** Completion of this form does not result in automatic approval for appointment.

Please attach any relevant supporting documents as AEG's decision to offer an Agent Agreement will be based on the contents of this Agent Application form, the strategic alignment to AEG's market needs, its current representations in the relevant region and reference checks.

**Please attached the following to the completed form:**

- Company Profile
- Business Registration Documents
- A list of all office locations associated with your company *(if applicable)*:  
*(Include details of each office address and the name, phone number and email address of the contact person for each office.)*
- Other relevant supporting documents

**AEG staff use only:**

<b>Reference check completed and attached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - _____	
<b>Company Profile and registration documents attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Supporting documents: _____	
<b>Outcome of Application:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
<b>Restrictions or Caveats:</b>  	
<b>Agreements required:</b> <input type="checkbox"/> AIHE <input type="checkbox"/> AIBT/AIS	
<b>Staff Name:</b>	<b>Position:</b>
<b>Date:</b>	<b>Signature:</b>