

## Agent Application Form

### COMPANY DETAILS

<b>Registered Business Name</b>			
<b>Trading name</b> <small>(if different from above)</small>			
<b>Business Address in Australia</b> <small>(if applicable)</small>			
<b>Business Address Off Shore</b> <small>(if applicable)</small>			
<b>Australian Business Number</b> <small>(ABN) or Australian Company Number (ACN)</small>			
<b>Australian Migration Agency Number</b> <small>(if applicable)</small>			
<b>Contact Person</b>			
<b>Position</b>			
<b>Telephone</b>		<b>Facsimile</b>	
<b>Website</b>		<b>Email</b>	
<b>Do you have any additional offices/branches?</b>	<input type="checkbox"/> YES (Please provide details below) <input type="checkbox"/> NO		
<b>1</b>	<b>Office/Branch Name</b>		
	<b>Business Address</b>		
	<b>Contact Details</b>		
<b>2</b>	<b>Office/Branch Name</b>		
	<b>Business Address</b>		
	<b>Contact Details</b>		

### BUSINESS BACKGROUND

<b>How long has your business been operating as an education agency?</b>			
<b>Have you or any of the directors of the company you represent previously been involved in bankruptcy proceedings?</b>	<input type="checkbox"/> YES (Please provide details below) <input type="checkbox"/> NO		
<b>No. of international students recruited for study in Australia in the last 12 months?</b>			
<b>Which other Australian education institutions do you currently represent?</b>			
<b>Do you represent any International educational institutes?</b>	<input type="checkbox"/> YES (Please provide details below) <input type="checkbox"/> NO		

<b>What are the most popular course you promote now:</b>	
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<b>What are the countries You operate from?</b>	
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**MARKETING AND PROMOTIONAL MATERIAL**  
 How do you propose to promote Central Melbourne Institute

<input type="checkbox"/> Brochures <input type="checkbox"/> Internet <input type="checkbox"/> Student Seminars <input type="checkbox"/> Exhibitions	<input type="checkbox"/> Agent Website <input type="checkbox"/> Other (please specify): _____
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**SERVICES PROVIDED TO STUDENTS**  
 Please indicate the services that you can provide to students:

<input type="checkbox"/> Student counselling <input type="checkbox"/> Assistance with Visa application <input type="checkbox"/> Assistance with student application form <input type="checkbox"/> Pre-departure briefing <input type="checkbox"/> English language testing	<input type="checkbox"/> Ongoing support services <input type="checkbox"/> Arranging accommodation <input type="checkbox"/> Overseas Student Health Cover Other (please specify): _____
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**Do you charge the student an additional fee for the above-mentioned services?**

YES  
 NO

**REFEREES**

Please list the names and contact details of two (2) referees from the AUSTRALIAN education sector

<b>1</b>	<b>Name of Contact Person</b>			
	<b>Name of Institute</b>			
	<b>Telephone</b>		<b>Email</b>	

<b>2</b>	<b>Name of Contact Person</b>			
	<b>Name of Institute</b>			
	<b>Telephone</b>		<b>Email</b>	

**SUPPORTING EVIDENCE CHECKLIST**

**Please ensure ALL documentation sent with this application is certified or original (if in person)**

Completed Education Agent Application Form  
 Certificate of registration of business name or company  
 Business profile  
 Proof of professional membership e.g. Migration agents registration Authority

**DECLARATION**

I declare that the information I have provided on application is true and correct to the best of my knowledge. I further declare that I understand all relevant laws pertaining to Australian consumer protection, the ESOS (Education Services for Overseas Students Act) 2000 and the National Code of Practice 2018 (for Registration Authorities and Providers of Education and Training to Overseas Students). I confirm my obligation to comply with such laws and regulations at all times, including any amendments.

I authorise Central Melbourne Institute to approach my referees to collect any information or details as required.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_