

# AGENT APPLICATION FORM



## COMPANY DETAILS

Company Legal Name: \_\_\_\_\_

Company Trading Name: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Business Registration Number: \_\_\_\_\_

Australian Business Number: \_\_\_\_\_  
(for Australian-based companies only)

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
(including country code and area codes)

Fax: \_\_\_\_\_

Year Established: \_\_\_\_\_

Website: \_\_\_\_\_

Migration Agent Authority Number: \_\_\_\_\_  
(MARN)

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## DETAILS OF COE/ KEY DIRECTORS AND EMPLOYEES

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

Position: \_\_\_\_\_

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

Position: \_\_\_\_\_

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

Position: \_\_\_\_\_

Number of staff: \_\_\_\_\_

Number of students recruited: \_\_\_\_\_  
(Annually)

Target Market: \_\_\_\_\_  
(Regions/countries of client base  
& courses of interest to your client)

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## PERFORMANCE

The number of students referred to Australian education institutions over the past 2 yrs.

High School & ELICOS Courses: \_\_\_\_\_ Vocational Course: \_\_\_\_\_

Undergraduate Course: \_\_\_\_\_ Post Graduate Course: \_\_\_\_\_

## COMPLIANCE

Please tick ☒ Yes or No and complete all sections

1. 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 ☐

2. Do you understand that students coming to Australia on a student visa must be a (GTE) Genuine Temporary Entrant approved candidate?

Yes ☐ No ☐

3. Do you understand that you must not make any guarantees about achieving residential status in Australia, but you can refer students to the relevant website?

Yes ☐ No ☐

4. Do you understand that you must not make any guarantees about completing the courses without achieving the requisite to completion of the courses?

Yes ☐ No ☐

5. Do you have the knowledge of the requirements of the Education Services for Overseas Students (ESOS) Act 2000 and National Code 2018 as an Education Agent?

Yes ☐ No ☐

6. Please list the main responsibilities of Education Agents under the National Code 2018? How do you comply with these obligations?

7. Do you regularly monitor the Australian Department of Home Affairs Website?

Yes ☐ No ☐

8. Are you prepared to comply with the requirements of AAIC regarding advertising, course material and application procedures, and provide accurate information to students to make informed decisions?

Yes ☐ No ☐

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DO YOU HAVE A REPRESENTATIVE IN AUSTRALIA? IF SO, PLEASE PROVIDE THE DETAILS BELOW.

Yes ☐ No ☐

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Company Business Reg No: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## DESCRIPTION OF POTENTIAL MARKETS

What do you believe is the most effective marketing strategy to employ in your region or market?

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From which geographical area will your potential market come? Please describe any strengths you have in these regions to justify your choice.

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Please describe the characteristics of your potential market (age, income, educational background, university networks, etc). Please use separate sheets, if necessary

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What is the most suitable time of the year to conduct a marketing trip to your region or visit to your office to recruit students

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## STUDENT SERVICE

Please outline the support services you offer to students.

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Do you charge students any service fees? If yes, please provide details.

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## ACADEMIC REFERENCE

Please list the names and contact details of three (3) professional referees you represent:

Institute Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Institute Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Institute Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_ Position: \_\_\_\_\_

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## CRITICAL DOCUMENTS CHECKLIST REQUIRED ATTACHMENTS

**IN ORDER TO ASSESS YOUR APPLICATION, THE FOLLOWING DOCUMENTS ARE REQUIRED:**

ITEM	SUPPLIED	VERIFIED	APPROVED
Evidence of business registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company/Business profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo of premises and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents that you believe will support your application, particularly describing the student services you provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of professional memberships, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting promotional materials/information provided to international students, including website URL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SENDING THE APPLICATION

Please send the application to: Email: [marketing@aaic.nsw.edu.au](mailto:marketing@aaic.nsw.edu.au) For further inquiry please visit our website [www.aaic.nsw.edu.au](http://www.aaic.nsw.edu.au) and/or call our staff on Phone: [+61 2 9072 1353](tel:+61290721353)

## OFFICE USE ONLY

Verification are to be completed

Further Evidence Required Yes ☐ No ☐ Due Date: \_\_\_\_\_

Approved ☐ Not Approved ☐ Date: \_\_\_\_\_

Authorised Person Name: \_\_\_\_\_

Position: \_\_\_\_\_

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