



AGENT APPLICATION FORM

COMPANY DETAILS

Company Legal Name	<input style="width: 100%;" type="text"/>
Company Trading Name	<input style="width: 100%;" type="text"/>
Company Registration Number	<input style="width: 100%;" type="text"/>
Business Registration Number	<input style="width: 100%;" type="text"/>
Australian Business Number (for Australian-based companies only)	<input style="width: 100%;" type="text"/>
Business Address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Postal Address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>
Phone (including country code and area codes)	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Fax	<input style="width: 100%;" type="text"/>
Year Established	<input style="width: 100%;" type="text"/>
Website	<input style="width: 100%;" type="text"/>
Number of Staff/Counsellors	<input style="width: 100%;" type="text"/>
Migration Agent Authority Number (MARN)	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Description of Business/ brief summery	<input style="width: 100%; height: 50px;" type="text"/>

DETAILS OF CEO/KEY DIRECTORS AND EMPLOYEES

Name	<input style="width: 100%;" type="text"/>
Position	<input style="width: 100%;" type="text"/>
Qualifications	<input style="width: 100%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>
Position	<input style="width: 100%;" type="text"/>
Qualifications	<input style="width: 100%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>
Position	<input style="width: 100%;" type="text"/>
Qualifications	<input style="width: 100%;" type="text"/>
Number of staff	<input style="width: 100%;" type="text"/>



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

Yes No

Company Name: Business Address:

Company Business Registration No: Ph: Fax:

DESCRIPTION OF POTENTIAL MARKETS

1. What do you believe to be the most effective marketing strategy to recruit students from your particular region or market?
2. Which region/market you believe to be the potential market? Please describe your strengths in these regions//market to justify your choice.
3. Please describe the characteristics of your potential market (age, income, educational background, university networks, etc). Please use separate sheets, if necessary
4. What is the most suitable time of the year to conduct a marketing trip to your region or a visit to your office to recruit students?

STUDENT SERVICES

Please outline the support services you offer to students

Do you charge the students any service fee, if yes, please provide details

ACADEMIC REFERENCES

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

Institute Name	<input type="text"/>
Contact Name	<input type="text"/>
Email	<input type="text"/>
Ph.	<input type="text"/>
Institute Name	<input type="text"/>
Contact Name	<input type="text"/>
Email	<input type="text"/>
Ph.	<input type="text"/>
Institute Name	<input type="text"/>
Contact Name	<input type="text"/>
Email	<input type="text"/>
Ph.	<input type="text"/>



DECLARATION

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

Signature:

Name of Contact Person

Date

Position

DOCUMENT REQUIRED (ATTACHEMNTS CHECKLIST)

In order to assess your application, please provide the following documents:

Item	Supplied	Verified
Evidence of business registration	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Company/Business profile	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Photo of premises and staff	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Documents that you believe will support your application, particularly describing the student services you provide	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Evidence of professional memberships, if any	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Supporting promotional materials/information provided to international students, including website URL	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

SENDING THE APPLICATION

Please send the application to: Email: info@aicse.edu.au; Further inquiry at website www.aicse.edu.au and/or call our staff on Phone: 1300 242 730

FOR OFFICE USE ONLY

Item	Supplied	Approved
Evidence of business registration	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Company/Business profile	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Photo of premises and staff	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Documents that you believe will support your application, particularly describing the student services you provide	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Evidence of professional memberships, if any	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Supporting promotional materials/information provided to international students, including website URL	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

Verifications are to be completed

Further Evidence Required Yes No Due Date

Approved Not Approved Date

Authorised Person Name

Position Signature Date



Optional Question: DETAILS OF OTHER INSTITUTIONS/UNIVERSITIES YOU CURRENTLY REPRESENT IN AUSTRALIA & OTHER COUNTRIES (please list)

Name of Institution

Name of Institution

Name of Institution

PERFORMANCE INDICATORS

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:

Number of students recruited (Annually) including Australia

Target Market (regions/ countries of client base & courses of interest to your clients)

COMPLIANCE

Please tick Yes or No and Complete All Sections as given below:

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 meet the (GTE) Genuine Temporary Entrant criteria?
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 AICSE College regarding advertising, course material and application procedures, and provide accurate information to students to make informed decisions?
Yes No