

Education Agent Application Form



Company Details and Background
Company / Business Name:
Trading name (if different from Company name)
Company/ Business Registration Number:
Years Established:
Name of Director/ CEO:
Town and Country of Company/ Business Registration:
Business Address
Phone:
Email:
Website:
Please describe your business activities
Number of staff:
Number of international offices:
Locations of International Offices:
Director and Employee Details
Person 1
Name:
Position:
Qualifications and previous experience:
Membership of education agent professional bodies:
Person 2
Name:

Education Agents Application Form

Position:
Qualifications and previous experience:
Membership of education agent professional bodies:
Person 3
Name:
Position:
Qualifications and previous experience:
Membership of education agent professional bodies:
Potential Markets and Services to be Provided
What are your target markets including relevant countries and regions?
What marketing strategies will you use to promote our courses?

Education Agents Application Form

Please outline any support services that you offer prospective students.
Do you charge students any fees for your service? If YES, please provide details of the services and relevant fee for each.
Agency Performance and Compliance
How many Australian education institutions are you currently representing?
How many students have you referred to Australian educational institutions in the past 2 years?
Please briefly outline how you and your organisation will fulfil your responsibilities as an education agent in accordance with the Australian International Education and Training - Agent Code of Ethics? Please attach additional information such as company flyers etc. if required.
Have you or any of your staff completed the Education Agents Training Course (EATC) available through www.pieronline.org ? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list who has completed the course.
Do you regularly monitor the Department of Home Affairs(DHA) website https://immi.homeaffairs.gov.au/ and the Department of Education <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to comply with the requirements of Edunex Training regarding advertising, course materials and application procedures, and provide accurate information to students? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to use the marketing materials provided by Edunex Training to promote our courses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information
Please provide any other information that you think will support your application.

Education Agents Application Form

References
Please provide details of at least 3 Australian educational institutes that we can contact for a reference.
Institution 1
Name of Institution
Contact Person
Position
Phone Number
Email Address
Dates when you worked with them
Institution 2
Name of Institution
Contact Person
Position
Phone Number
Email Address
Dates when you worked with them
Institution 3
Name of Institution
Contact Person
Position
Phone Number
Email Address
Dates when you worked with them
Declaration
In signing this agreement, you declare that
<ul style="list-style-type: none">◆ You have read and understood the Australian International Education And Training - Agent Code of Ethics◆ The answers and details provided in this application are true, accurate and complete.◆ Edunex Training 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 Edunex Training is confidential and is protected by the Privacy Act 1988 and other relevant legislation. Edunex Training policy is outlined in the Information Privacy Policy available from our website. Information about Agents or students may be made available to Commonwealth and State agencies if required to provide the information by law.

Education Agents Application Form

Signature:	Date: / /
Printed Name:	

Please return this form along with supporting evidence to Edunex Training at the below address. Level 8, Collins Street, Melbourne VIC 3000 Email: info@edunex.edu.au