

# Agent Application Form

Thank you for your interest in becoming our agent that provides services for recruitment of prospective students.

Before applying, you should be familiar with the following:

For agents for international and domestic students:

1. Education Services for Overseas Students Act 2000.
2. National Code of Practice for Registered Authorities and Provision of Education and Training for Overseas Students (The National Code 2018).
3. The ELICOS Standards 2018.
4. The Standards for Registered Training Organisations 2015.
5. The Einstein College of Australia website.

For agents for domestic students, item 1, 2, and 3 may not apply.

You can find useful information from the following links:

- The Australian Government Department of Home Affairs website (<https://immi.homeaffairs.gov.au/> )
- The Australian Government Department Education and Training website (<https://internationaleducation.gov.au/regulatory-information/pages/regulatoryinformation.aspx>)
- The Australian Skills Quality Authority website <https://www.asqa.gov.au/>

## How to apply:

1. Please complete this form.
2. Provide a certified copy of business registration and other documents required in the application.
3. Send the application form and supporting documents to the following address by post or email:

### Einstein College of Australia

Level 9, 310 King Street, Melbourne Victoria 3000, Australia

Phone: 0061-3-9629 3693, Fax: 0061-3-9629 7146

Email: [contact@einsteincollege.vic.edu.au](mailto:contact@einsteincollege.vic.edu.au)

4. All of the above information must be in English or translated into English by an authorised translator/ a notary office or Justice of the Peace in your country.
5. Please keep a copy of this application for your reference.

## Contact Details:

- Please ensure that your business contact details with us are updated at all times when there are any changes.
- Once you are appointed as our agent, we will inform the ASQA (Australian Skills Quality Authority) that we have a third party agreement with your business and we will disclose your contact details on our website. For agents for international students, your details will also be listed on the Provider Registration and International Student Management System (PRISMS).

• Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

**AGENT DETAILS**

Primary Contact

Title:  Mr.  Miss  Ms.  Mrs.  Other, please specify \_\_\_\_\_

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

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

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

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

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**Postal Address Details:**

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

Suburb: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Australian Business Number (ABN) if registered in Australia**

\_\_\_\_\_

**Name of Agent's Staff involved in recruiting students:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPANY EXPERIENCE AS AN EDUCATIONAL AGENT**

Operating more than 2 years:  Yes  No

Migration Agent:  Yes  No

**Do you refer students to any other Colleges or Universities in Australia?  Yes  No**

If Yes, please provide us at least 2 (Two) names of the Education Providers and Contact persons details below:

**Provider 1:**

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

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

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

Telephone: \_\_\_\_\_

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

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

**Provider 2:**

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

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

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

Telephone: \_\_\_\_\_

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

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

If No, please provide us at least 2 (Two) names of the organisations you have worked with and the contact persons details below:

**Organisation 1:**

Organisation Name: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Organisation 2:**

Organisation Name: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Note – The College may contact the above providers/ organisations and contact persons for reference purposes only**

**DESCRIPTION OF POTENTIAL MARKET**

From which countries will your potential markets come? Please describe your strengths in these markets.

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Please describe the characteristics of your potential markets (age, income, educational background, etc) Please use additional sheets, if needed.

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**SERVICES OFFERED**

Please outline the support services you can offer to students

What do you believe are the most effective marketing strategies for the potential markets.

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Please use the space provided below to include any other information you consider to be of importance to this application

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**SUPPORTING DOCUMENTATION:**

**I provide the following information in support of this application:**

- Business Registration Certificate
- Accountants or Lawyers References
- Character References
- Other, please specify \_\_\_\_\_

<p><b>Privacy Statement:</b> The information collected in this form is for the purpose of processing your application with Einstein College of Australia. The information will be held by the College in accordance with its Privacy Policy and Procedures and may be accessed and used by people employed/ engaged by the College. The information maybe made available to government departments and agencies including the Australian Skills Quality Authority (ASQA) in relation to the College’s obligations under law including the Education Services to Overseas Students (ESOS) Act 2000 (Cth) the National Code 2018. For more information in relation to how agents' information may be used or disclosed please access the Colleges Privacy Policy at: <a href="https://www.einsteincollege.vic.edu.au/pdfs/Privacy.pdf">https://www.einsteincollege.vic.edu.au/pdfs/Privacy.pdf</a></p>	<p><b>Declaration:</b> I declare that the information provided by me in this Application Form, is correct.</p> <p><b>Agent Signature:</b> _____</p> <p><b>Agent Full Name:</b> _____</p> <p>Date: ____ / ____ / ____</p>
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FOR OFFICE USE ONLY			
Item	Please Tick (✓)		
	Supplied	Verified	Approved by the College
Evidence of Business Registration			
Accountants of Lawyers References			
Character References			
Any Other: (Please specify)			

**Agent's Application Approved:**  Yes  No **Comments:** \_\_\_\_\_

**Name of Approving Officer:** \_\_\_\_\_

**Signature of Approving Officer:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

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