

# **EDUCATION AGENT APPLICATION FORM**

# COMPANY DETAILS AND BACKGROUND

Company / Business Name:	
Trading name: (if different from Company name)	
Company/Business Registration Number:	
Year Established:	
Name of Director/ CEO:	
Town and Country of Company/ Business Registration:	
	Building Name:
Business Address:	Unit Name:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:
Phone:	
Email:	
Website:	
Number of staff:	



### **EMPLOYEE DETAILS**

Person 1	
Name:	
Position:	
Email	
Phone	
Person 2	
Name:	
Position:	
Email	
Phone	
Person 3	
Name:	
Position:	
Email	
Phone	



### **MARKETS AND SERVICES**

What is your target market?		
What is your target market.		
What marketing strategies will you use to promote our courses?		
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**

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 as required by the National Code 2018. Please attach additional information such as company flyers etc. if required.

### **ADDITIONAL INFORMATION**

Please provide any other information that you think will support your application. (Tick the appropriate boxes)				
	Company Profile			
	Business Registration Documents A list of all office locations associated with your Company (if applicable). [lease include details of each office address and the name, phone number and email address of the contact person for each office.			
	Certificate of accrediting body membership (i.e. AAERI, VIECA, TIECA)			
	Certificate of Registration with the office of Migration Agents Registration Authority			
	Your company Marketing strategy			
	Relevant in-country business licences (operation and/or recruitment licences)			
	Other relevant documents (if required):			



### **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	
Institution 2	
Name of Institution	
Contact Person	
Position	
Phone Number	
Email Address	
Institution 3	
Name of Institution	
Contact Person	
Position	
Phone Number	
Email Address	



# **ADDITIONAL INFORMATION**

Please provide any other information that you think will support your application.		



### **DECLARATION**

Do you have a comprehensive understanding of the requirements of the ESOS Act 2000 and National Code 2018?				
	☐ Yes	□ No		
Do you regularly monitor the Department of Home Affairs (DHA) and the Department of Education & Training websites?				
	□ Yes	□ No		
Are you willing to comply with the requirements of Signet Institute regarding advertising, course materials and application procedures, and provide accurate information to students?				
	□ Yes	□ No		
Are you prepared to use the marketing materials provided by Signet Institute to promote our courses?				
	□ Yes	□No		
In signing this agreement, you declare that				
You have read and understood the extract from the National Code 2018 Obligations of Agents.				
<ul> <li>The answers and details provided in this application are true, accurate and complete.</li> <li>Signet Institute is authorised to contact the referees listed to collect information about my conduct and services.</li> <li>You acknowledge and agree to the privacy statement provided below.</li> </ul>				
Privacy Statement: All information collected, used, or disclosed by Signet Institute is confidential and is protected by the Privacy Act 1988 and other relevant legislation. Signet Institute 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.				
Signature:	Date:			
Printed Name:				

PLEASE RETURN THIS FORM ALONG WITH SUPPORTING EVIDENCE TO SIGNET INSTITUTE.