

Education Agent Application Form

This form is to be completed by a person authorised to act on behalf of the organisation/agent. Please complete this form and submit/return with all required evidence for processing

(Please note all particulars must be completed. Please forward a copy of your Business Profile with this application)

COMPANY DETAILS

| |
|---|
| Company – Business Name: |
| Trading Name: |
| Company – Business Registration Number: |
| Name of CEO: |
| Head office: |

BUSINESS DETAILS

| |
|-------------------|
| Business Address: |
| Phone: |
| Email: |
| Website: |

BUSINESS PROFILE

| |
|---------------------------------|
| MAIN Business Activities: |
| Years Established: |
| Number of Staff: |
| Number of Advisers/Counsellors: |
| Location of Offices: |

| |
|--|
| |
| List of Countries you represent: |
| |
| List the services you provide or intend providing to students: |
| |

DIRECTORS AND KEY PERSONNEL DETAILS

| |
|---|
| Personnel -1 |
| Name: |
| Position: |
| Qualifications and Previous Experience: |
| Membership of Education Agent Professional Bodies (if any): |
| Personnel -2 |
| Name: |
| Position: |
| Qualifications and Previous Experience: |
| Membership of Education Agent Professional Bodies (if any): |
| Personnel -3 |
| Name: |
| Position: |
| Qualifications and Previous Experience: |
| Membership of Education Agent Professional Bodies (if any): |

AGENCY PERFORMANCE DETAILS

How many Australian Educational institutions are you currently representing
Please provide details of each below.

Please provide the total number of students referred to Australian Educational Institutions
in the following areas in the last two (2) years.

| | |
|--------------------------|--|
| ELICOS & English Courses | |
| Vocational Courses | |
| Undergraduate Courses | |
| Postgraduate Courses | |

COMPLIANCE REQUIREMENTS AND DETAILS

Have you or any of your staff completed Migration Agent course:

Yes No

Provide details (registration details):

Have you or any of your staff completed the Education Agents Training Course (EATC)
available on www.pieronline.org?

Yes No

Provide details(registration details):

DESCRIPTION OF POTENTIAL MARKET & SERVICES

Which are your target markets:

Please outline the support services you can offer students:

REFERENCE CHECK

Please list the names and contact details of at least 2 referees

Referee for EDUCATIONAL INSTITUTION - ONE

Main Contact Person:

Position:

Contact Phone Number:

Email:

Referee for EDUCATIONAL INSTITUTION - TWO

Main Contact Person:

Position:

Contact Phone Number:

Email:

Referee for EDUCATIONAL INSTITUTION - THREE

Main Contact Person:

Position:

Contact Phone Number:

Email:

DECLARATION

I _____ declare that the answers and details provided in this application are true and accurate to the best of my knowledge and I authorise the Peach Institute to approach referees to collect any information or details as Peach Institute may require.

I understand that Peach Institute reserves the right not to proceed with providing Agent Agreement for reasons it may see fit to apply.

| | |
|------------|--------------|
| Signature: | Date: |
| Name: | Designation: |

Email the completed application form at: info@pi.edu.au

AGENT CHECKLIST

Please attach copies of the following documents:

- Company/Business registration Certificate
- Business Profile
- Other relevant materials