



# Education Agent Application Form

Please complete this form as comprehensively as possible and return it to [info@sit.edu.au](mailto:info@sit.edu.au) with all the supporting documentation. Completion of this application will enable us to understand and appraise your agency based on information contained herein.

## Section 1: Company Details and Background

|   |                 |  |          |  |
|---|-----------------|--|----------|--|
| Company Name:   |                 |  |          |  |
| Trading Name (if different from Company Name):            |                 |  |          |  |
| Company/ Business Registration Number:                    |                 |  |          |  |
| Years Established:  |                 |  |          |  |
| Name of Director/CEO:                                     |                 |  |          |  |
| City and Country of Company /Business Registration        |                 |  |          |  |
| Company Address<br><i>Primary place of business</i>       | Address line 1: |  |          |  |
|   | Address line 2: |  |          |  |
|   | Suburb:         |  | State:   |  |
|   | Postcode:       |  | Country: |  |
| Postal Address:<br><i>If different from above address</i> | Address line 1: |  |          |  |
|   | Address line 2: |  |          |  |
|   | Suburb:         |  | State:   |  |
|   | Postcode:       |  | Country: |  |
| Phone Number/s:   |                 |  |          |  |
| Fax Number:   |                 |  |          |  |
| Email:  |                 |  |          |  |
| Website:  |                 |  |          |  |
| Social Media Page Links:                                  |                 |  |          |  |
| Main Business Activities:                                 |                 |  |          |  |



|  |             |
|--|-------------|
|  |             |
| Number of Years in Education Consultation: |             |
| Number of Staff:                           |             |
| Number of International Offices            |             |
| International Office Locations:            | Location 1: |
|  | Location 2: |
|  | Location 3: |
|  | Location 4: |

## Section 2: Director and Employee Details

|  |  |
|--|--|
| Person 1   |  |
| Name:  |  |
| Position:  |  |
| Qualification and Experience Summary:              |  |
| Membership of Education Agent Professional Bodies: |  |
| Person 2   |  |
| Name:  |  |
| Position:  |  |
| Qualification and Experience Summary:              |  |
| Membership of Education Agent Professional Bodies: |  |
| Person 3   |  |
| Name:  |  |
| Position:  |  |
| Qualification and Experience Summary:              |  |
| Membership of Education Agent Professional Bodies: |  |
| Person 4   |  |
| Name:  |  |



|  |  |
|--|--|
| Position:  |  |
| Qualification and Experience Summary:              |  |
| Membership of Education Agent Professional Bodies: |  |

### Section 3: Potential Markets and Services to be Provided

|  |  |
|--|--|
| <p>Target Markets:</p> <p><i>What are your target markets?</i></p>   |  |
| <p>Marketing Strategies:</p> <p><i>What marketing strategies will you use to promote our courses?</i></p>  |  |
| <p>Student Support Services:</p> <p><i>Please outline any support services that you offer prospective students.</i></p>  |  |
| <p>Service Fees:</p> <p><i>Do you charge students any fees for your service? If YES, please provide details of the services and relevant fee for each.</i></p> |  |

### Section 4: Agency Performance and Compliance

|   |             |  |
|---|-------------|--|
| <p>Australian Education Institutions Currently Representing</p> <p><i>(if more than 5, please provide a full list separately)</i></p> | Institute 1 |  |
|   | Institute 2 |  |
|   | Institute 3 |  |
|   | Institute 4 |  |
|   | Institute 5 |  |
| Number of students referred to Australian education Institutes in the past 2 years  |             |  |



|  |  |
|--|--|
|  |  |
| Outline how you and your organisation will fulfil your responsibilities as an education agent as required by the National Code 2018.<br><i>Please attach additional information such as company flyers etc. if required.</i> |  |

|   |     |  |
|---|-----|--|
| Have you or any of your staff completed the Education Agents Training Course (EATC) available through <a href="http://www.pieronline.org">www.pieronline.org</a> ?<br>If YES, please list below who has completed the course.   | Yes |  |
|   | No  |  |
|   |     |  |
| Do you have a comprehensive understanding of the requirements of the <i>Education Services for Overseas Students Act 2000</i> and <i>National Code 2018</i> ?   | Yes |  |
|   | No  |  |
| Do you regularly monitor the Australian Department of Home Affairs website ( <a href="https://www.homeaffairs.gov.au/">https://www.homeaffairs.gov.au/</a> ) and the Department of Education and Training website ( <a href="https://www.education.gov.au/">https://www.education.gov.au/</a> ) | Yes |  |
|   | No  |  |
| Are you willing to comply with the requirements of the 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 the Institute to promote our courses?   | Yes |  |
|   | No  |  |

**Section 5: Additional Information**

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

**Section 6: References**

Please list down two referees that can vouch for your agency records as an education agent representing their Institution. One of the referees must be from an Educational Institute in Australia.



| Referee 1    |  |
|--------------|--|
| Name:        |  |
| Position:    |  |
| Organisation |  |
| Email        |  |
| Phone:       |  |
| Address:     |  |

| Referee 2    |  |
|--------------|--|
| Name:        |  |
| Position:    |  |
| Organisation |  |
| Email        |  |
| Phone:       |  |
| Address:     |  |

### Section 7: Main Contact

|           |  |
|-----------|--|
| Name:     |  |
| Position: |  |
| Email     |  |
| Phone:    |  |

### Section 8: Declaration

In signing this agreement, you declare that

- You are interested in representing Stanford Institute of Technology (the Institute) as an Education Agent.
- You have read and understood the extract from the ESOS Act 2000 Obligations of Agents.
- The answers and details provided in this application are true, accurate and complete.
- The Institute 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 the Institute is confidential and is protected by the Privacy Act 1988 and other relevant legislation. The Institute's policy is outlined in Privacy Policy and Procedure 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: |  |
| Name:      |  |
| Date:      |  |