

AGENT APPLICATION FORM

COMPANY DETAILS

Company Name:	Company/Business Reg. No:	
Business Address:		
Postal Address:		
Phone:	Fax:	
Email:	Website:	
Business Activities	Years in Existence:	Number of Staff/ Counsellors
Migration Agent Registration Authority Number (MARA):		

DETAILS OF KEY DIRECTORS AND EMPLOYEES

Title:	Name:	Position:
Qualifications and Previous Experience:		

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Qualifications and Previous Experience:		

Please list other education institutions or Universities you have represented or currently represent in Australia or another country

PERFORMANCE

The total number of students referred to Australian education institutions over the past 2 years

High School & ELICOS Courses:	Vocational Course:
Undergraduate Course:	Post Graduate Course:

COMPLIANCE PLEASE TICK ✓ YES OR NO AND COMPLETE ALL SECTIONS

Do you understand that students coming to Australia on a student visa must have a primary purpose of studying and must study full time? Yes No

Please list the main responsibilities of Education Agents under the National Code 2018? How will you comply with these obligations? Yes No

Do you have the knowledge and a good understanding of the requirements of the Education Services for Overseas Students (ESOS) Act 2000 and National Code as an Education Agent? Yes No

Do you regularly monitor the Department of home affairs (DoHA) website www.immi.gov.au and the Department of Education website www.education.gov.au? Yes No

Are you prepared to comply with the requirements of Oban College regarding advertising, course materials and application procedures, and provide accurate information to students? Yes No

Are you prepared to use material supplied by Oban College to promote our courses? Yes No

Do you have a representative in Australia? If so, please provide the details below. Yes No

Company Name _____

Business Address _____

Company Business Reg. No: _____ Phone: _____ Fax: _____

DESCRIPTION OF POTENTIAL MARKETS

What do you believe is the most effective marketing strategy to employ in your particular region or market?

From which geographical area will your potential market come? Please describe any strengths you have in these regions to justify your choice.

Please describe the characteristics of your potential market (age, income, educational background, University networks, etc). Please use separate sheets, if necessary

What is the most suitable time of the year to conduct a marketing trip to your region or a visit to your office to recruit students?

STUDENT SERVICES

Please outline the support services you offer to students

Do you charge students any service fees? If YES, please provide details of what you charge and for what service.

ACADEMIC REFERENCES

Please list the names and contact details of three (3) academic referees

Contact Name:

Phone:

Name of Institute:

Email:

Contact Name:

Phone:

Name of Institute:

Email:

Contact Name:

Phone:

Name of Institute:

Email:

DECLARATION

I confirm that the information provided is true and accurate to the best of my knowledge and I authorise Oban College to approach referees to collect any information/details as you may request from time to time.

Signature:

Name of Contact Person:

Date: / /

Position:

CRITICAL DOCUMENT CHECKLIST REQUIRED ATTACHMENTS

In order to assess your application, the following documents are required:

Check	Item	Supplied	Verified	Approved by PEO
<input type="checkbox"/>	Evidence of business registration/ licence papers			
<input type="checkbox"/>	Company/ business profile, including information on owners and staff and a description of your company's services			
<input type="checkbox"/>	Copies of current insurance policies relevant to agency business, for example, public liability or equivalent			
<input type="checkbox"/>	Photo of premises and staff			
<input type="checkbox"/>	Documents that you believe will support your application, particularly describing the student services you provide			
<input type="checkbox"/>	Evidence of professional memberships			
<input type="checkbox"/>	Supporting promotional materials/ information provided to international students, including website URL			

OFFICE USE ONLY – I

Verifications are to be completed

 Further Evidence Required & Due Date / / Yes No

 Approved Not Approved Date / / Initial Authorised Person:

Name: Signature:

Position: Date: / /