

EDUCATION AGENT APPLICATION FORM



COMPANY DETAILS OF THE AGENCY

Agency Origin: Onshore Offshore

Legal Name: _____

Business Name: _____

Full Address: _____

Suburbs/ City/Town:	State/ Province:	Postcode
Country:		

Mobile: _____ Telephone: _____

Primary Email: _____

Alternate Email: _____

Company Website: _____ ABN No: _____

Name of Director(s): _____

APPLICANTS TARGET RECRUITMENT COUNTRY

Primary Country: _____ Secondary Country: _____

STAFF QUALIFICATIONS AND TRAININGS

- Does your company directly employ staff member/s registered with the Migration Agent Registration Authority?
 Yes (provide certificate) MARA No..... Full Name.....
 No
- Are you or your staff members of any associations (specify) _____
- Have your company's employees completed any of the following training programs:
 AEI Education Agent Training Course (EATC) – PIER Online
 ISANA National Code Tutorial
- How many counsellors does your company employ? _____

STUDENT SERVICES AND CHARGES

- Does your company provide student visa application assistance? Yes No
- Does your company provide travel assistance? Yes No
- What fees does your company charge students? _____
- What other services do you offer to students? _____
- How long has your business been operating? _____
- List institutions that you are currently representing in Australia:
 - _____
 - _____
 - _____



7. Please provide three referees (**At least two from Australian Universities**)

Institution 1:

Name of Institution: _____

Contact Person: _____ Position: _____

Email _____ Tel: _____

Institution 2:

Name of Institution: _____

Contact Person: _____ Position _____

Email _____ Tel: _____

Institution 3:

Name of Institution: _____

Contact Person: _____ Position _____

Email _____ Tel: _____

8. How do you promote international education and how will you promote CIHE?

International Education

CIHE

9. What is the projected number of students you plan to send in the next six months to?

a) Australia _____ b) CIHE _____

10. Please list the most popular higher education courses you are currently promoting?

11. Please list the countries that your company representing?

12. What higher education courses do you feel would be popular with prospective students?

Declaration: I am interested in representing CIHE as an education agent and I agree to do so in an honest and professional manner. I declare that the above information I have provided is correct and true.

Name of the Director _____ Signature _____ Date: _____



SUPPORTING DOCUMENTATION CHECKLIST

Your company is required to complete this application form and submit the following information/documents.
If you are unable to submit complete information/documents listed below as supporting documents, your application will not be processed.

Checklist	
<input type="checkbox"/>	Agent Application Form (Must be signed)
<input type="checkbox"/>	Company registration details (including affixes, licenses and/or certificates) in English
<input type="checkbox"/>	Copy of MARA (Migration Agent Registration Authority) Certificate or Qualified Education Agent Counselor
<input type="checkbox"/>	Certificate from PIER (Professional International Education Resources) or ISANA National Code Tutorial Certificate
<input type="checkbox"/>	Details of representation of other educational institutions
<input type="checkbox"/>	Business plan (preferred)
<input type="checkbox"/>	Contact details of three referees (preferably Australian education institutions where possible)
<input type="checkbox"/>	Details of office locations and facilities (head and branch offices)
<input type="checkbox"/>	Details of student services and charges (attach refund policy if applicable)
<input type="checkbox"/>	Target country recruitment
<input type="checkbox"/>	Signature on application form
<input type="checkbox"/>	Completed National Code knowledge test (required only if there is no PIER, MARA or ISANA certificate)

Please return this form along with above listed documents to:
Crown Institute of Higher Education,
116 Pacific Highway, North Sydney, NSW 2060
or email the signed copy to: registrar@cihe.edu.au

Office Use ONLY

CEO/Registrar Approved: Yes No Signature _____ Date _____