



SITS COLLEGE

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**EDUCATION AGENT
APPLICATION FORM**





SITS COLLEGE

SITS College

Unit 9 91 Wembley Road Logan Central Qld

<https://sits.edu.au/>

1300-467-487

RTO NO: 91533 | CRICOS Provider Code: 03474G



Instructions:

1. This form should be completed by an education agent or its representative who wish to engage with and represent the SITS College.
2. Please email at info@sits.edu.au, the completed form along with the documents that supports your application.
3. Please ensure that you have read and understood SITS College's Education Agent Policy and Procedure available on our website :www.sits.edu.au
4. For any queries regarding this matter, please email info@sits.edu.au or call on 1800 467 487.

SECTION A: COMPANY DETAILS & BACKGROUND

COMPANY NAME	
TRADING NAME	
AUSTRALIAN BUSINESS NUMBER (ABN)	
AUSTRALIAN COMPANY NUMBER (ACN)	
OFFICE ADDRESS	
EMAIL	
WORK PHONE	
MOBILE	
REPRESENTATIVE FULL NAME	
REPRESENTATIVE POSITION	
MIGRATION AGENT REGISTRATION AUTHORITY NUMBER (MARN) / QEAC (if applicable)	
NUMBER OF YEARS THE BUSINESS HAS BEEN PROVIDING ITS SERVICES AS AN EDUCATION AGENT	
NUMBER OF INTERNATIONAL STUDENTS RECRUITED FOR STUDY IN AUSTRALIA IN LAST 3 YEARS	
LIST OF THE INSTITUTION YOU ARE CURRENTLY REPRESENTING IN AUSTRALIA	
LIST THE COURSES YOU USUALLY PROMOTE	
LIST OF COUNTRIES YOU OPERATE IN	
WHAT SERVICES DO YOU PROVIDE TO THE INTERNATIONAL STUDENTS?	
DO YOU CHARGE STUDENTS ADDITIONAL FEES FOR THE ABOVE SERVICES?	

SECTION B: REFEREE DETAILS

Please indicate two (2) referees from the Australian educational institutions that you represent.

ORGANISATION NAME		ORGANISATION NAME	
CONTACT PERSON		CONTACT PERSON	
POSITION		POSITION	
ADDRESS		ADDRESS	
MOBILE/PHONE		MOBILE/PHONE	
EMAIL		EMAIL	

SECTION C: CHECKLIST & DECLARATION

Checklist: Your application will be assessed on the quality of the supporting documentation you provide, so please be as thorough as possible.

<input type="checkbox"/>	Have you completed all relevant sections of this application form?
<input type="checkbox"/>	Have you included in your application, a copy of your company profile?
<input type="checkbox"/>	Have you provided your ABN, and Business Registration Documentation?
<input type="checkbox"/>	Have you provided a copy of your professional or industry membership documentation?
<input type="checkbox"/>	And other supporting document

AGENT'S DECLARATION

I agree to the personal information being:

- Recorded in PRISMS and sent to other regulatory bodies like ASQA. This may include my organisation details, representative name's, business email, phone number and office address.
 - Accessed by the Australian Government Department of Education and Training, Department of Home Affairs and other Commonwealth agencies that access PRISMS.
 - Used to administer or monitor compliance with the Commonwealth legislation e.g. Education Services for Overseas Students Act 2000, Migration Act 1958; and
 - Disclosed by the Australian Government Department of Education and Training to other Australian Government entities (including, but not limited to ASQA), education institutions and to public. The Australian Government Department of Education and Training will share individual agents' performance to public as aggregated data (but will not identify agent - provider relationships). Agent-provider relationships will only be identified when data is shared with education providers and other Australian Government entities.
- ☐ I confirm that all the information provided to SITS College by me through this form and other means is true and correct.
- ☐ I also agree to the authenticity of the personal information that the Australian Government Department of Education and Training currently hold in PRISMS regarding myself and any other personal information that the department may collect in future being disclosed as described above.

APPLICANT'S SIGNATURE:

APPLICANT'S NAME:

DATE: