

## **EDUCATION AGENT APPLICATION FORM**

## **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 | apply@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 | apply@sits.edu.au or call on 1300 467 487

<b>Section A: Com</b>	pan\	Details &	<b>Backaround</b>
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Company Name	
Trading Name	
Australian Business Number (ABN)	
Australian Company Number (ACN)	
Office Address	
Email Address	
Work Phone	
Contact Number	
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.

		Reference 2			
Organisation Name		Organisation Name	9		
Contact Person		Contact Person			
Position		Position			
Full Address	, De	Full Address			
Contact Number		Contact Number			
Email Address		Email Address			
Checkist Your applicati	Have you completed all relevant sec		ou provide, so please be as thorough as possiborm?		
	Have you included in your application, a copy of your company profile?				
0	Have you provided your ABN, and Bus				
0	Have you provided a copy of your pro	ofessional or industry me	mbership documentation?		
0	And other supporting document				
<ul> <li>My personal information of Education of Educ</li></ul>	e to the following:  ation will be recorded in PRISMS and ASQAN  ation will be sent to the regulatory bodies lifution, the Department of Employment and th agencies. The information may include hail, phone number and office address.  be used to administer or monitor complian as Students Act 2000, ASQA's SRTOs 2015, As  the institute may be required by ASQA to ful liting students for the institute. I consent to	ke ASQA and can be shar Workplace Relations, Depout not limited to my orgonice with the Commonwed SQA's guidelines and Migrarnish a fit and proper decollaborate with the insti	coartment of Home Affairs (DHA) and conisation details, representative calth legislation e.g. Education action Act 1958.  Claration regarding the agent tute in completing ASQA's fit and		
I understand and agree  My personal information of Education of Educa	e to the following:  ation will be recorded in PRISMS and ASQAN  ation will be sent to the regulatory bodies lifution, the Department of Employment and the agencies. The information may include hail, phone number and office address.  be used to administer or monitor compliants Students Act 2000, ASQA's SRTOs 2015, As the institute may be required by ASQA to full the institute of the institute. I consent to if necessary.	ke ASQA and can be shar Workplace Relations, Depout not limited to my orgonice with the Commonwed SQA's guidelines and Migrarnish a fit and proper decollaborate with the insti	coartment of Home Affairs (DHA) and conisation details, representative calth legislation e.g. Education action Act 1958.  Claration regarding the agent tute in completing ASQA's fit and		