## EDUCATION AGENT APPLICATION FORM



DUCINECE DETAIL C					
BUSINESS DETAILS  Business name					
Trading Name (If Any)					
Type of Legal Entity: Sole Trader Pty Ltd Company Ltd Company Trust Partnership Other.					
Year of Establishment			Number of Years of Existence		
If Registered in Australia, ABN		ACN (If Any)			
If Registered Offshore, Overseas Entity Registration Number					
REGISTERED HEAD OFFICE ADDRESS					
Contact Person					
Street Address		City/Suburb			
State	Country		Postcode		
Telephone		Mobile			
Email					
Website					
BRANCH ADDRESS (If Any)					
Contact Person					
Street Address		City/Suburb			
State	Country		Postcode		
Telephone		Mobile			
Email		Fax			
Please attach translated and certified copies of your business registration certificate(s), your company profile and any other information you consider to be of importance to this application					
STAFF BACKGROUND					
Name of Registered Owner/ Director  Years of Experience					
Qualification & Previous Experience					
Name of Chief Executive (if different)  Years of Experience					
Qualification & Previous Experience					
Total number of Counsellors Total number of Admin Staff					

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DAONGHOOM	(continued)			
Have any of these staff studied or worked in Australia? Yes No				
If Yes, please provide details				
Have you or any of your counselors ever visited Australia?				
If Yes, please list which cit	ties			
PERFORMANCE				
	you referred to education institutions in Australia since 2017?			
High School/ELICOS:	Vocational course: Undergraduate: Masters/Postgrad:			
BUSINESS BACKGRO	UND			
Is your office involved with any other business? Yes No				
If yes, please outline the re	elationships			
How many international students do you recruit for study each year?				
To which countries do you send most students for study?				
Which Australian schools	or institutions do you represent?			
If yee do you encure cuch				
obligations under the ESO Which services do you pro Student counseling	vide to students? (Please tick the appropriate boxes)  Follow up with parents Collecting fees English testing			
obligations under the ESO Which services do you pro Student counseling Pre-departure briefing	S Act? Yes No  vide to students? (Please tick the appropriate boxes)			
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Excellent Accounts Pty Ltd
Trading as **Skills Australia Institute**RTO Number 52010 | CRICOS Code 03548F
ABN 78 126 274 682

**Perth:** 10 Victoria Avenue, Perth WA 6000 **Cannington:** 230 Railway Parade, Cannington WA 6107 **Adelaide:** Level 1 East Grenfell Street, Adelaide SA 5000 Perth: +61 8 6148 1300 Adelaide: +61 8 8120 4186 info@skillsaustralia.edu.au www.skillsaustralia.edu.au

## **CONFLICT OF INTEREST**

Skills Australia Institute must ensure that our Education Agents act ethically, honestly and in the best interest of the student. Therefore you are required to declare any Conflicts of Interest, this includes for your organisation, owners and any staff working directly with students. Ref: National Code 2018, Standard 4.3.1.

Examples of conflict of interest\*:

- When the agents charges services fees to both overseas students and registered training providers for the same service;
- · where an education agent has a financial interest in a private education provider; or
- where an employee of an education agent has a personal relationship with an employee of the education provider.
- \*As provided in the Department of Education National Code Fact Sheets

Have you identified any conflicts of interest within your organisation? YES NO				
If yes provide details below including the names of each individual identified and the applicable Conflict of Interest:				

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DESCRIPTION OF POTENTIAL MARKETS				
Which are your major target markets? Please describe any strengths you have in these regions to justify your answer				
Please describe the characteristics of your potential ma	rket (age, income, educational background, University networks, etc)			
What do you believe is the most effective marketing strategy to employ in your particular region or market?				
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 mention the support facilities you offer students and potential candidates				
Do you charge any service fees? Yes No If Yes, please give details of how much you charge and for what service.				
in res, pieuse give details of now maen you enarge and r	of what service.			
ACADEMIC REFEREES				
Please indicate two referees from Australian educationa students or with whom you have an agreement to suppl				
REFEREE 1	REFEREE 2			
Name	Name			
Institute	Institute			
Address	Address			
Phone	Phone			
Email	Email			
DECLADATION				
DECLARATION				
I confirm that the information provided are true and acc Australia Institute to approach referees to collect any in	urate to the best of my knowledge and I authorise Skills formation/details as you may request from time to time.			
Signature	Name of Person			
Date	Position			

## PLEASE COMPLETE THIS FORM AND SEND IT TO

Email: agent@skillsaustralia.edu.au Web: www.skillsaustralia.edu.au

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