



Education Agent Application Form

Please duly fill the form to apply and become an authorized education agent for **ALICE SPRINGS COLLEGE OF AUSTRALIA PTY LTD**, for recruiting international students.

YOUR AGENCY DETAILS			
What type of business is your agency?			
a sole proprietor	Name of proprietor:		
or a partnership	Name of partners:		
or an incorporated company	Registered company name:		
	Trading name (if applicable):		
TARGET COUNTRIES	Number of directors:		
	Name of directors:		
_____	Place of registration:		
_____	Date of registration:	Expiry date:	
_____	Australian Business Number (ABN): (or equivalent registration number)		
_____	MARA no:	QEAC no:	
YOUR CORRESPONDENCE DETAILS			
Street address:	Country:		
Postal address:	Country:		
Telephone:	Fax:		
Email:	Website:		
YOUR MAIN CONTACT DETAILS			
Name of CEO/Director:	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR		
Contacting officer Name:	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR		
Direct telephone:	Mobile:		
Email:	Fax:		
YOUR BUSINESS PROFILE			
How many offices / representative offices do you have & where are they located?	_____		
Are you a member of any agent association or professional industry body like AAERI (India) or ECAN (Nepal)? If yes, please attach a copy of certificate.	<input type="radio"/> Yes <input type="radio"/> No		
Are you a member of PIER? If yes, please attach a copy of the certificate.	<input type="radio"/> Yes <input type="radio"/> No		
Name of the industry body (e.g., Education Agent Association)	Years of membership		
_____	_____		
Which courses are your clients most interested in? (Please tick relevant boxes)			
<input type="radio"/> General English	<input type="radio"/> University Foundation	<input type="radio"/> Undergraduate	<input type="radio"/> Others: _____
<input type="radio"/> Academic English	<input type="radio"/> Vocational Education	<input type="radio"/> Postgraduate	_____



Which Australian education institutions do you currently represent?

Name of Institution	How many years have you represented this Institution?	How many students You recruited for them

Which education institutions do you represent for countries other than Australia?

Name of Institution	How many years have you represented this Institution?	How many students You recruited for them

As an ASCA agent, what's your first-year recruitment goal for students?	
State briefly how you plan to recruit students to the courses offered by?	
Do you charge (or intend to charge) students / applicants any fee or commission for processing their application?	
Do you have appropriate knowledge and understanding of the international education system in Australia including the Australian International Education and Training Agent code of ethics?	
How many years of experience do you have in Australian education Sector?	

YOUR REFERENCES-

Please provide the name of two referees who may be contacted if your company is selected. At least one referee must be from an Australian education institute.

Reference 1	Name:	Reference 2	Name:
Company:		Company:	
Address:		Address:	
Phone:	Email:	Phone:	Email:

Declaration by the Agent

I declare that the information on this form and supporting documentation are true and correct. I authorize ALICE SPRINGS COLLEGE OF AUSTRALIA to contact my referees. I acknowledge that approval of my application is conditional on my company signing an Agent Agreement with AISA in accordance with National Code 2018 and VET Quality Framework (VQF) including standards for RTO. I am aware of the Agent's code of conduct and understand that the provision of incorrect information or documentation or the withholding of information or documentation relating to application may result in the termination of the agreement.

Authorized Signature:	Date:
Name of the Officer:	Position:

Application Checklist	Return completed application to:
Application form completed and signed. Evidence of business registration attached. Completed and signed Agent Agreement attached	Email: admissions@asca.edu.au T: (08) 8952 3221 Post: Level 15, 7 Deane Street, Burwood, NSW 2134

OFFICE USE ONLY:

Referees checked by:	Agency approved: <input type="radio"/> Yes <input type="radio"/> No	Date:
Approved by:	Agreement signed: <input type="radio"/> Yes <input type="radio"/> No	Agent Code:
Comments:		