



1. AGENCY DETAILS

What type of business is your agency? A sole proprietor An incorporated company

Company Name: _____

Trading Name: _____

ABN: _____ QEAC No.: _____ MARA No.: _____

Address: _____

Website: _____

Telephone: _____ Mobile: _____

2. CONTACT DETAILS

Contact Person Title: Mr Mrs Miss Other: _____

Given Name: _____ Surname: _____

Position: _____

Telephone: _____ Mobile: _____

Email: _____

3. BUSINESS BACKGROUND

3.1 How long has the company operated as an education recruitment agency?

3.2 Please indicate your main respective sectors:

High School ELICOS VET
 TAFE Higher Education Other: _____

3.3 What is your projected number of students you will be able to recruit for Rosehill College in the first year of representation?

3.4 From which country/countries does the company primarily recruit students from?

1) ----- 2) -----

Other: -----

3.5 Does your company have premises, operate or have representatives in any other countries? Yes No

If yes, please list the countries:

1) ----- 2) -----

Other: -----

3.6 Please list any other education institution you currently represent in Australia or another country?

1) ----- 2) -----

3) ----- 4) -----

4. COMPLIANCE

4.1 Have you read and understand the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students (the National Code 2018)? Yes No

4.2 Are you prepared to cooperative with Rosehill College about its advertising, course material, student application procedures and provision of information to students? Yes No

4.3 What does your company do to ensure that you compliant with ESOS Act and National Code?

5. REFERENCE DETAILS

Reference 1

Given Name: -----

Surname: -----

Position: -----

Institution: -----

Mobile: -----

Email: -----

Reference 2

Given Name: -----

Surname: -----

Position: -----

Institution: -----

Mobile: -----

Email: -----

6. DECLARATION

I, _____ confirm that the following given in this application is true and accurate. I authorise Rosehill College to contact my referees, to collect information/details as required.

Signature:	
Name:	
Position:	
Date:	

7. AGENT APPLICATION CHECKLIST

- Complete Agent Application Form
- Company Profile
- Company Registration
- ABN
- QEAC Certificate
- MARA Certificate
- Two Referees

**Completion of this form does not result in automatic approval for appointment.*

OFFICE USE ONLY

Outcome of Application:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	<input type="checkbox"/> Provisional Listing
Reference check completed and attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supporting documents attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Supporting documents: _____			
Staff Name:	Signature:		
Position:	Date:		