



# Agent Application Form

Thank you for your interest in becoming our agent that provides services for recruitment of prospective international/ domestic students.

Before applying, you should be familiar with the following:

1. Education Services for Overseas Students Act 2000
2. The National Code 2018
3. The ELICOS Standards 2018
4. Standard for RTOs 2015
5. Australian International Education and Training Agent Code of Ethics
6. The Melbourne City College Australia website.

You can find useful information from the following links:

- The Australian Government Department of Home Affairs website (<https://www.homeaffairs.gov.au/>)
- The Australian Government Department Education and Training website (<https://internationaleducation.gov.au/regulatory-information/pages/regulatoryinformation.aspx>)
- The Australian Skills Quality Authority website (<https://www.asqa.gov.au/>)

## How to apply:

1. Please complete this form.
2. Provide a certified copy of business registration and other documents required in the application.
3. Send the application form and supporting documents to the following address by post or email:

### Melbourne City College Australia

Level 9, 120 Spencer Street, Melbourne Victoria 3000, Australia

Phone: +61 3 9614 8422

Email: [info@melbournecitycollege.edu.au](mailto:info@melbournecitycollege.edu.au)

4. All of the above information must be in English or translated into English by an authorised translator/ a notary office or Justice of the Peace in your country.
5. Please keep a copy of this application for your reference.

## Contact Details:

- Please ensure that your business contact details with us are updated at all times when there are any changes.
- Once you are appointed as our agent, we will inform the ASQA (Australian Skills Quality Authority) that we have a third party agreement with your business and we will disclose your contact details on our website.



- Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

## AGENT DETAILS

### Primary Contact

Title:  Mr.  Miss  Mrs  Ms  Other \_\_\_\_\_

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

### Postal Address Details:

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Australian Business Number (ABN) if registered in Australia

\_\_\_\_\_

### Name of Agent's Staff involved in recruiting students:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMPANY EXPERIENCE AS AN EDUCATIONAL AGENT

Operating more than 2 years:  Yes  No

Migration Agent:  Yes  No

Do you refer students to any other Colleges or Universities in Australia?  Yes  No

If Yes, please provide us 2 (Two) names of the Education Providers and Contact persons details below:

### Provider 1:

Provider Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Provider 2:

Provider Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



If No, please provide us 2 (Two) names of organisations you have worked with and the contact persons details below:

**Organisation 1:**

Organisation Name: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Organisation 2:**

Organisation Name: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Note – The College may contact the above providers and contact person for reference purposes only**

**DESCRIPTION OF POTENTIAL MARKET**

From which countries will your potential markets come? Please describe your strengths in these markets.

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Please describe the characteristics of your potential markets (age, income, educational background, etc.) Please use additional sheets, if needed.

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**SERVICES OFFERED**

Please outline the support services you can offer to students

What do you believe are the most effective marketing strategies for the potential markets.

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Please use the space provided below to include any other information you consider to be of importance to this application

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**SUPPORTING DOCUMENTATION:**

I provide the following information in support of this application:

- Business Registration Certificate
- Accountants or Lawyers References
- Character References
- Other, please specify \_\_\_\_\_

<p><b>Privacy Statement:</b>          The information collected in this form is for the purpose of processing your application with Melbourne City College Australia. The information will be held by the College in accordance with its Privacy Policy and Procedures and may be accessed and used by people employed/ engaged by the College.          The information maybe made available to government departments and agencies including the Australian Skills Quality Authority (ASQA) in relation to the College's obligations under law including the Education Services to Overseas Students (ESOS) Act 2000 (Cth) and the National Code 2018. For more information in relation to how agents' information may be used or disclosed please access the College's Privacy Policy at:  <a href="https://www.melbournecitycollege.edu.au/pdfs/privacy.pdf">https://www.melbournecitycollege.edu.au/pdfs/privacy.pdf</a></p>	<p><b>Declaration:</b>          I declare that the information provided by me in this Application Form, is correct.</p> <p><b>Agent Signature:</b>          _____</p> <p><b>Agent Full Name:</b>          _____</p> <p>Date: ____ / ____ / ____</p>
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**FOR OFFICE USE ONLY**

Item	Please Tick (✓)		
	Supplied	Verified	Approved by the College
Business Registration Certificate			
Accountants or Lawyers References			
Character References			
Any Other: (Please specify)			

Agent's Application Approved:  Yes  No Comments: \_\_\_\_\_

Name of Approving Officer: \_\_\_\_\_

Signature of Approving Officer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Date: \_\_\_\_\_