



Please complete this form as comprehensively as possible and return to our marketing team with all the supporting documentation. Completion of this application will enable us to understand and appraise your agency based on information contained herein.	
<b>Company Details</b>	
Applicant Name	
Applicant Position	
Company Name	
Trading Name (If different from Company Name)	
Australian Business Number	
Australian Company Number	
Type of Business	
Company Address	
Postal Address (If different from Above address)	
Telephone	
Facsimile	
Email	
Website	
How long you have been involved in the International Education Industry?	
Is your office involved in any other business? If yes, please outline:	
Do you current represent any other Educational institutions?	
Please provide the names of three of them.	
Number of Students referred to Australian Education Institute in the past 3 years	
What services do you provide to International Students Please outline all the fees that your agency charges to assist an International Student	
How many student counsellors do you have?	
Do you have or have any of your staff completed the Education Agents Training Course (EATC) through <a href="http://www.pieronline.org">www.pieronline.org</a> ? If Yes, please list full names.	
Have any of the counsellors visited Adelaide?	
How would you promote AIBT/AIS?	





Have you or your organisation ever had an Agent Agreement with an Educational Institution Terminated? If Yes, please provide details	
How did you know about AIBT/AIS?	
<b>Please provide any other information that you think is useful to support your application.</b>	
<b>Referees (please provide 2 referees for more information)</b>	
<b>Referee 1:</b>	
Contact Name & Position	
Company Name	
Telephone	
Email	
Address	
<b>Referee 2:</b>	
Contact Name & Position	
Company Name	
Telephone	
Email	
Address	

Declaration:

- You are interested in representing Adelaide Education Group as an Education Agent
- The information above are true accurate and complete.
- You have read and understood the extract from the ESOS Act 2000 Obligations of Agents.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_