



AGENT APPLICATION FORM

COMPANY DETAILS

Company Name / Legal Name

Trading Name Name of Manager/Owner

ABN or International Company Registration Number

Locations

CONTACT DETAILS

Address

State Post Code

Office Phone Mobile Number

Fax No Email Website

POINT OF CONTACT

Full Name Designation

Office Phone Mobile Number

FURTHER INFORMATION

Are you a Qualified Education Agent Counsellor?
(If yes, copy of Education Agent Training Course Certificate should be provided.)

Yes No

Are you a registered migration agent?
(If yes, copy of Certificate should be provided.)

Yes No

Services you provide to students



+61 424040912



admissions@alburycollege.edu.au



Head office - L2 12-14 Wentworth Street Parramatta NSW 2150
Campus 2 - 46 George Street Parramatta NSW 2150



AGENT APPLICATION FORM

Target Countries

Expected Number of Students You Will Provide to the College

Types of Promotion or Marketing Techniques

REFERENCE #1

Institution Name

Contact No.

Email

REFERENCE #2

Institution Name

Contact No.

Email

I hereby, confirm that I possess sufficient knowledge of the Australian education system, the enrolment requirements, and the conditions relevant to student visa processing.

I declare that the information provided is true and accurate. I acknowledge that any false or misleading information may result in the cancellation of my appointment as an authorised agent.

Manager/Owner Signature: _____

Date

Send the completed form to: admissions@alburycollege.edu.au

Note: Knowledge on ESOS Framework including the ESOS Act 2000 (as amended) and the National Code 2018 is recommended.

FOR OFFICE USE ONLY

Application Received By (Staff Name)

Form Completed

Yes

No

Agent Agreement

Approved

Not Approved



+61 424040912



admissions@alburycollege.edu.au



Head office - L2 12-14 Wentworth Street Parramatta NSW 2150
Campus 2 - 46 George Street Parramatta NSW 2150