# Agent Application Form

Together we can transform the lives of students and stakeholders in the industry! Fill out the form to commence a mutually beneficial partnership, the TrEd way!



## **Company/Agent Information**

| Company Name                    |  |
|---------------------------------|--|
| Address                         |  |
| City                            |  |
| Country                         |  |
| Company Registration Number/ABN |  |
| Company Phone                   |  |
| Company Email                   |  |
| Company Website                 |  |
| Main Countries of Recruitment   |  |

### **Primary Agent Contact Details**

| Name          |  |
|---------------|--|
| Position      |  |
| Email         |  |
| Direct Ph     |  |
| Direct Number |  |

## **Finance Department Details (For Invoicing)**

| Name                       |  |
|----------------------------|--|
| Position                   |  |
| Email                      |  |
| Direct Phone               |  |
| Mobile Phone               |  |
| Student Counsellor Details |  |
| Name                       |  |
| Position                   |  |
| Email                      |  |
| Direct Phone               |  |
| Mobile Number              |  |
|                            |  |
| Name                       |  |
| Position                   |  |
| Email                      |  |
| Direct Phone               |  |
| Mobile Number              |  |

#### **References: Please provide three (3)**

Please note that TrEd College will be contacting these references prior to entering into a Representative Agreement (One from Higher Education, two from Vocational Education sector. . Three references are required as well as proof of completion of PIER certification. National Code 2018 and ESOS knowledge are mandatory. TrEd College will be conducting agent training before commencement of the agreement and throughout the period of the agent agreement.

| Company Referee 1 |  |
|-------------------|--|
| Address           |  |
| Contact Person    |  |
| Telephone Number  |  |
| Email             |  |
| Company Referee 2 |  |
| Address           |  |
| Contact Person    |  |
| Telephone Number  |  |
| Email             |  |
| Company Referee 3 |  |
| Address           |  |
| Contact Person    |  |
| Telephone Number  |  |
| Email             |  |

## **Agency Questionnaire**

Privacy Statement: Your responses will be treated as confidential.

Are you a company, partnership or sole trader? List the number of years of operation and if you have ever been know under any other name

| Answer here  |    |
|--|----|
|  |    |
|  |    |
|  |    |
|  |    |
| ist all Office locations and number of International Student counsellors at eacite       | ch |
| Answer here  |    |
|  |    |
|  |    |
|  |    |
|  |    |
| ist three promotional activities your agency has held or been part of in the la<br>year: | st |
| Answer here  |    |
|  |    |
|  |    |
|  |    |

## Questionnaire continued

Provide number of students sent to Australia in the past year broken down between VET, ELICOS and Higher Education.

| Answer here   |                 |               |                |                  |
|---|-----------------|---------------|----------------|------------------|
|   |                 |               |                |                  |
|   |                 |               |                |                  |
|   |                 |               |                |                  |
|   |                 |               |                |                  |
| List Membership or regis<br>proof   | tration with Pr | ofessional Bo | dies and attac | :h all copies as |
| Answer here   |                 |               |                |                  |
|   |                 |               |                |                  |
|   |                 |               |                |                  |
|   |                 |               |                |                  |
|   |                 |               |                |                  |
| TrEd requires all agents t<br>EATC. Please provide pro<br>above requirements. |                 |               |                |                  |
| Answer here   |                 |               |                |                  |
|   |                 |               |                |                  |
|   |                 |               |                |                  |
|   |                 |               |                |                  |
|   |                 |               |                |                  |

## **Evidence Requirements**

Confirm attachments of Business profile, Organisation promotional materials

| Answer here   |   |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |
| Confirm attachments of MARA license a                   | nd/or EATC course completion              |
| Answer here   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| List resources available at your office fo counsellors? | r potential students apart from Education |
| Answer here   |   |
|   |   |
|   |   |
|   |   |
|   |   |

