

Please complete this form as comprehensively as possible with all the supporting documentation. Completion of this application will enable us to understand and appraise your agency based on the information provided.

Company Name *

Trading Name (if different from Company Name)

Company / Business Registration Number

Years Established

Name of Director/CEO

City and Country of Company / Business Registration

ABN (Australian Agency) / Company Registration Number (Overseas Agency) *

ABN



Company Registration



Company Profile



MARA

 sample.pdf

Other Document 1

 sample.pdf

Other Document 2

 sample.pdf

Company Address

Address Line 1

Address Line 2

Suburb

Postcode

State

Country

Primary place of business



CFM01: Education Agent Application Form

Postal Address

Address Line 1

Address Line 2

Suburb

Postcode

State

Country

If different from above address

Phone Numbers

Fax Number

Email

Website

Social Media Page Links



CFM01: Education Agent Application Form

Main Business Activities

Number of Years in Education Consultation

Number of Staff

Number of International Offices

International Office Locations

Location 1

Location 2

Location 3

Location 4

Person 1

Name (Person 1)

Position (Person 1)



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Qualification and Experience Summary (Person 1)

Membership of Education Agent Professional Bodies (Person 1)

Person 2

Name (Person 2)

Position (Person 2)

Qualification and Experience Summary (Person 2)

Membership of Education Agent Professional Bodies (Person 2)

Person 3

Name (Person 3)

Position (Person 3)

Qualification and Experience Summary (Person 3)

Membership of Education Agent Professional Bodies (Person 3)

Person 4

Name (Person 4)

Position (Person 4)

Qualification and Experience Summary (Person 4)

Membership of Education Agent Professional Bodies (Person 4)

Target Markets

What are your target markets?

Marketing Strategies

What marketing strategies will you use to promote our courses?

Student Support Services

Please outline any support services that you offer prospective students.

Service Fees

Do you charge students any fees for your service? If YES, please provide details of the services and relevant fee for each.

Australian Education Institutions Currently Representing**Institute 1****Institute 2****Institute 3****Institute 4****Institute 5**

(If more than 5, please provide a full list separately)



Number of students referred to Australian education Institutes in the past 2 years



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Outline how you and your organisation will fulfil your responsibilities as an education agent as required by the National Code 2018. Please attach additional information such as company flyers etc. if required.

Have you or any of your staff completed the Education Agents Training Course (EATC) available through www.pieronline.org?

- Yes
 No

Please list below who has completed the course

Do you have a comprehensive understanding of the requirements of the Education Services for Overseas Students Act 2000 and National Code 2018?

- Yes
 No

Do you regularly monitor the Australian Department of Home Affairs website (<https://www.homeaffairs.gov.au/>) and the Department of Education and Training website (<https://www.education.gov.au/>)

- Yes
 No

Are you willing to comply with the requirements of the Institute regarding advertising, course materials and application procedures, and provide accurate information to students?

- Yes
 No

Are you prepared to use the marketing materials provided by the Institute to promote our courses?

- Yes
 No

Please provide any other information that you think will support your application



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Please list down two referees that can vouch for your agency records as an education agent representing their Institution. One of the referees must be from an Educational Institute in Australia.

Referee 1

Name (Referee 1) *

Position (Referee 1)

Organisation (Referee 1) *

Email (Referee 1) *

Phone (Referee 1)

Address (Referee 1)

Referee 2

Name (Referee 2) *

Position (Referee 2)

Organisation (Referee 2) *



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Email (Referee 2) *

Phone (Referee 2)

Address (Referee 2)

Name (Main Contact) *

First

Last

Position (Main Contact)

Email (Main Contact) *

Phone (Main Contact)

Bank Account Name

BSB Number

Bank Account Number

**Max 10 digits for Australian Bank Accounts *Max 12 digits for Overseas Bank Accounts*

Accounts Main Contact Email

Please provide us the details of whom will be the main contact for admission matters.



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Admissions Contact Name

First

Last

Admissions Contact Email

Are you in contact with any of our Marketing Executives? If so, please select the name from the list below

If you haven't been in touch with our team please select None

Please select which college do you want to be Partner with

Hilton Academy, RTOID 40735

Yes

No

Paragon Polytechnic, RTOID 41028

Yes

No

Collins Academy, RTOID 45270

Yes

No

Allied Institute, RTOID 45476

Yes

No

Pace Business College Pty Ltd T/A Allied Institute

Future English, CRICOS 04014F

Yes

No



CFM01: Education Agent Application Form

In signing this agreement, you declare that

- You are interested in representing one or more of our partner colleges as an Education Agent.
- You have read and understood the extract from the ESOS Act 2000 Obligations of Agents.
- The answers and details provided in this application are true, accurate and complete.
- Both Laurus Education and your selected partner colleges are authorised to contact the referees listed to collect information about my conduct and services.
- You understand that, if accepted, you will enter into a direct written agreement with the partner colleges and will work directly with them.
- You acknowledge and agree to the privacy statement provided below.

Privacy Statement: All information collected, used or disclosed by Laurus Education is confidential and is protected by the Privacy Act 1988 and other relevant legislation. The Laurus Education policy is outlined in our Privacy Policy available from our website. Information about Agents or students may be made available to Commonwealth and State agencies if required to provide the information by law. Your information will be shared with your selected partner colleges.

Signature

Declarant Name

Date

dd-MMM-yyyy