EDUCATION AGENT APPLICATION FORM & CHECKLIST



Aussie Training Courses

RTO Code: 41146 CRICOS Code: TBA





Company Details and Background		
Company / Business Name:		
Trading name (if different from Company name):		
Company/ Business Registration Number:		
Years Established:		
Name of Director/ CEO:		
Town and Country of Company/ Business Registration:		
Business Address:		
Phone:	A —	
Email:		
Website:		
Please describe your business activities:		
Number of staff:	ing Courses	
Number of international offices:		
Locations of International Offices:		
Potential Markets and Services to be Provided		
What are your target markets?		



What marketing strategies will you use to promote our courses?		
Please outline any support services that you offer prospective students.		
Do you charge students any fees for your service? If YES, please provide details of the services and		
relevant fee for each.		
Agency Performance and Compliance		
How many Australian education institutions are you currently representing?		
How many students have you referred to Australian educational institutions in the past 2 years?		



Please briefly 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			
If YES, please list who has completed the course.			
Do you have a comprehensive understanding of the requirements of the ESOS Act and National			
Code?			
☐ Yes ☐ No			
☐ Yes ☐ No Do you regularly monitor the Australian Department of Home Affairs (DHA) website			
Training Cources			
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References	
Please provide details of at least reference.	two (2) Australian educational institutes that we can contact for
Institution 1	
Name of Institution:	
Contact Person:	
Position:	
Phone Number:	
Email Address:	
Dates when you worked with them:	- Luccio
Institution 2	
Name of Institution:	ing Courses
Contact Person:	
Position:	
Phone Number:	
Email Address:	
Dates when you worked with them:	
Declaration	



In signing this agreement, you declare that

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.

Aussie Training Courses is authorised to contact the referees listed to collect information about my conduct and services.

You acknowledge and agree to the privacy statement provided below.

Privacy Statement: All information collected, used or disclosed by Aussie Training Courses is confidential and is protected by the Privacy Act 1988 and other relevant legislation. Aussie Training Courses policy is outlined in the Information 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.





Document Checklist

Document Title	Yes	No
Complete Agent Application Form		
Business Profile		
ABN Registration		
2 Referee Details (preferably education institute from past 2 years)		
Statement from the Director of Business on how they plan to promote courses of Aussie Training Courses		

Training Courses

Please return this form along with supporting evidence to

Aussie Training Courses at the below address:

Head Office Address: Level 10 474 Flinders Street Melbourne 3000

Campus Address: Level 10 474 Flinders Street Melbourne 3000

Email: aussietrainingcoursess@gmail.com