



AGENT APPLICATION FORM



COMPANY DETAILS

Company Legal Name _____

Company Trading Name _____

Company Registration Number _____

Business Registration Number _____

Australian Business Number _____

(for Australian-based companies only)

Business Address _____

Postal Address _____

Email: _____

Phone: _____

(including country code and area codes)

Fax: _____

Year Established: _____

Website: _____

Number of Staff/Counsellors: _____

Migration Agent Authority Number: _____

(MARN)

Description of Business/ brief summery: _____



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DETAILS OF CEO/KEY DIRECTORS AND EMPLOYEES

Name: _____

Position: _____

Qualifications: _____

Name: _____

Position: _____

Qualifications: _____

Name: _____

Position: _____

Qualifications: _____

Number of staff: _____

Number of students recruited: _____
(Annually)

Target Market: _____
(regions/ countries of client base
& courses of interest to your clients)

 Optional Question:
 DETAILS OF OTHER INSTITUTIONS/UNIVERSITIES YOU CURRENTLY REPRESENT IN AUSTRALIA & OTHER COUNTRIES *(please list)*

Name of Institution _____

Name of Institution _____

Name of Institution _____

Name of Institution _____

Name of Institution _____

Name of Institution _____

Name of Institution _____



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PERFORMANCE

The number of students referred to Australian education institutions over the past 2 yrs.

High School & ELICOS Courses: _____

Vocational Course: _____

Undergraduate Course: _____

Post Graduate Course: _____

COMPLIANCE

Please tick Yes or No and Complete All Sections

1. Do you understand that students coming to Australia on a student visa must have a primary purpose of studying and must study full time?

Yes No

2. Do you understand that students coming to Australia on a student visa must be a (GTE) Genuine Temporary Entrant approved candidate?

Yes No

3. Do you understand that you must not make any guarantees about achieving residential status in Australia, but you can refer students to the relevant website?

Yes No

4. Do you understand that you must not make any guarantees about completing the courses without achieving the requisite to completion of the courses?

Yes No

5. Do you have the knowledge of the requirements of the Education Services for Overseas Students (ESOS) Act 2000 and National Code 2018 as an Education Agent?

Yes No

6. Please list the main responsibilities of Education Agents under the National Code 2018? How do you comply with these obligations?

7. Do you regularly monitor the Australian Department of Home Affairs website?

Yes No

8. Are you prepared to comply with the requirements of SBDI regarding advertising, course material and application procedures, and provide accurate information to students to make informed decisions?

Yes No



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DO YOU HAVE A REPRESENTATIVE IN AUSTRALIA? IF SO, PLEASE PROVIDE THE DETAILS BELOW.

Yes No

Company Name: _____

Business Address: _____

Company Business Reg No: _____

Ph: _____

Fax: _____

DESCRIPTION OF POTENTIAL MARKETS

What do you believe is the most effective marketing strategy to employ in your region or market?

From which geographical area will your potential market come? Please describe any strengths you have in these regions to justify your choice.

Please describe the characteristics of your potential market (age, income, educational background, university networks, etc). Please use separate sheets, if necessary

What is the most suitable time of the year to conduct a marketing trip to your region or a visit to your office to recruit students?

STUDENT SERVICES

Please outline the support services you offer to students

Do you charge students any service fees? If yes, please provide details.



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ACADEMIC REFERENCES

Please list the names and contact details of three (3) professional referees you represent :

Institute Name _____

Contact Name _____

Email _____

Ph. _____

Institute Name _____

Contact Name _____

Email _____

Ph. _____

Institute Name _____

Contact Name _____

Email _____

Ph. _____

DECLARATION

I _____ confirm that the information provided is true and accurate to the best of my knowledge and I authorise SBDI to approach referees to collect any information/details as you may request from time to time.

Signature: _____ Name of Contact Person: _____

Date: _____ Position: _____



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CRITICAL DOCUMENT CHECKLIST REQUIRED ATTACHEMNTS

IN ORDER TO ASSESS YOUR APPLICATION, THE FOLLOWING DOCUMENTS ARE REQUIRED:

Item	Supplied	Verified	Approved
Evidence of business registration			
Company/Business profile			
Photo of premises and staff			
Documents that you believe will support your application, particularly describing the student services you provide			
Evidence of professional memberships, if any			
Supporting promotional materials/information provided to international students, including website URL			

SENDING THE APPLICATION

Please send the application to: [Email:marketing@sbd.edu.au](mailto:marketing@sbd.edu.au) For further inquiry please visit our website www.sbd.edu.au and/or call our staff on Phone: +61 2 9326 2211

OFFICE USE ONLY

Ver ifications are to be completed

Further Evidence Required Yes No Due Da te: _____

Approved Not Approv ed Date: _____

Authorised Person Name: _____

Position: _____

Signature: _____

Date: _____