

## SC7.2-I: Education Agents Application Form

| 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:  |
| Email:  |
| Website:  |
| Please describe your business activities            |
| Number of staff:                                    |
| Number of international offices:                    |
| Locations of International Offices:                 |
| Director and Employee Details                       |
| <b>Person 1</b>                                     |
| Name:   |
| Position:   |
| Qualifications and previous experience:             |
| Membership of education agent professional bodies:  |



|  |
|--|
|  |
|--|

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.

|  |
|--|
|  |
|--|

|  |
|--|
| <p>Have you or any of your staff completed the Education Agents Training Course (EATC) available through <a href="http://www.pieronline.org">www.pieronline.org</a>?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If YES, please list who has completed the course.</p> |
|--|

|  |
|--|
| <p>Do you have a comprehensive understanding of the requirements of the ESOS Act and National Code?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|--|

|   |
|---|
| <p>Do you regularly monitor the Australian Department of Immigration and Citizenship (DIAC) website (<a href="http://www.immi.gov.au">www.immi.gov.au</a>) and the Department of Education</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|---|

|   |
|---|
| <p>Are you willing to comply with the requirements of WMIT regarding advertising, course materials and application procedures, and provide accurate information to students?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|---|

|  |
|--|
| <p>Are you prepared to use the marketing materials provided by WMIT to promote our courses?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|--|

|                               |
|-------------------------------|
| <b>Additional Information</b> |
|-------------------------------|

|   |
|---|
| <p>Please provide any other information that you think will support your application.</p> |
|   |

|                   |
|-------------------|
| <b>References</b> |
|-------------------|

|  |
|--|
| <p>Please provide details of at least 3 Australian educational institutes that we can contact for a reference.</p> |
|--|

|                      |
|----------------------|
| <b>Institution 1</b> |
|----------------------|

|                     |
|---------------------|
| Name of Institution |
|---------------------|

|                |
|----------------|
| Contact Person |
|----------------|

|          |
|----------|
| Position |
|----------|

|              |
|--------------|
| Phone Number |
|--------------|

|               |
|---------------|
| Email Address |
|---------------|

|                                 |
|---------------------------------|
| Dates when you worked with them |
|---------------------------------|

|                      |
|----------------------|
| <b>Institution 2</b> |
|----------------------|

|                     |
|---------------------|
| Name of Institution |
|---------------------|

|   |
|---|
| Contact Person  |
| Position  |
| Phone Number  |
| Email Address   |
| Dates when you worked with them   |
| <b>Institution 3</b>  |
| Name of Institution   |
| Contact Person  |
| Position  |
| Phone Number  |
| Email Address   |
| Dates when you worked with them   |
| <b>Declaration</b>  |
| <p>In signing this agreement, you declare that</p> <ul style="list-style-type: none"> <li>• You have read and understood the extract from the ESOS Act 2000 Obligations of Agents.</li> <li>• The answers and details provided in this application are true, accurate and complete.</li> <li>• WMIT is authorised to contact the referees listed to collect information about my conduct and services.</li> <li>• You acknowledge and agree to the privacy statement provided below.</li> </ul> <p><b>Privacy Statement:</b> All information collected, used or disclosed by WMIT is confidential and is protected by the Privacy Act 1988 and other relevant legislation. WMIT 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.</p> |

|               |           |
|---------------|-----------|
| Signature:    | Date: / / |
| Printed Name: |           |

**Please return this form along with supporting evidence to WMIT at the below address.**