

38 College Street, Hyde Park Plaza Hotel, NSW 2010 Phone:+61(0)2 8959 2717 e-mail: admin@sydneycollege.nsw.edu.au web: www.sydneycollege.nsw.edu.au NSW Business College Pty Ltd t/a Sydney College ABN No: 45 163 454 797

AGENT APPLICATION FORM

Please complete this form in full using a black or blue pen and BLOCK LETTERS

COMPANY DETAILS			
Legal/entity name	ABN if applicable		
Trading name	Website		
Head office address			
Phone	Email		
COMPANY PROFILE			
Year established			
Number of staff			
Number of students recruited each year			
Main student nationalities recruited			
Main Australian providers represented			
Branch office locations (list cities)			
Industry associations			
WHICH COUNTRIES DO YOU RECRUIT STUDENT Country	Number of Years recruiting from this country		
PRINCIPAL/OWNER			
	Family name		
	Email		
Office phone	Mobile		
KEY CONTACT PERSON			
Given name Mr/Ms	Family name		
Job title	Email		
Office phone	Mobile		

MARKETING



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1. What strengths do you believe NSWBC has that will allow you to promote it as a choice of educational institution for overseas students?		
2. How many students do you believe yo	u will be able to recruit for NSWBC in the first year of representation?	
3. What do you need from NSWBC to hel students?	p you promote it as a choice of educational institution for overseas	
INDUSTRY KNOWLEDGE AND TRAININ	G	
Have you and key agency staff read the Overseas Education	National Code of Practice for Registration Authorities and Providers of	
and Training to Overseas Students 2018?	□ Yes □ No	
Do you and key agency staff have a sou Yes No	and knowledge of DHA regulations and Genuine Temporary Entrant criteria?	
Have you and/or key agency staff done	PIER's Education Agent Training Course (EATC)? Yes No	
	ed Education Agent Counsellors (QEAC)? Yes No	
Are you and/or key agency staff register		
Please specify if you have completed an		
REFEREES		
Please provide two referees including at	least one Australian education provider:	
Referee 1		
Given name Mr/Ms	Family name	
Job title	Organisation	
Phone	Email	
Referee 2		
Given name Mr/Ms	Family name	
Job title	Organisation	
Phone	Email	
DECLARATION		
I/we declare that all information provide	d in this application are complete and accurate and	
that all information pertaining to this app	olication has been fully disclosed, irrespective of whether or not such	
information was specifically requested. I/	we authorize NSW Business College to collect additional information on my	
agency if required.		





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I/We declare that I/we understand all relevant laws and regulations of Australia and of the countries where we recruit students, in particular those laws pertaining to Australian consumer protection, the ESOS Act and the National Code 2018. Also agree to regularly view the DHA website to monitor policies and any changes to the policies.

I/We confirm my/our obligation to comply with such laws and regulations at all times, including any amendments.

Name	Position
Signature	Date/

SUPPORTING DOCUMENTS

Please attach the following documents in support of your application:

- business registration certificate (offshore agencies only)
- company profile
- evidence of staff training and knowledge (ETAC and ASVP preferred)
- registered migration agent certificate/s, if applicable
- referee letters if available
- list of branch offices with contact details, if applicable