

# INTERNATIONAL EDUCATION AGENT APPLICATION FORM



## A. BUSINESS DETAILS

BUSINESS NAME		
BUSINESS ADDRESS		
FLAT/UNIT NUMBER	STREET/LOT NUMBER	STREET NAME
SUBURB/CITY	STATE/REGION	
COUNTRY	POSTCODE	
POSTAL ADDRESS		
FLAT/UNIT NUMBER	STREET/LOT NUMBER	STREET NAME
SUBURB/CITY	STATE/REGION	
COUNTRY	POSTCODE	
CONTACT PERSON		
TITLE <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR	GIVEN NAME	FAMILY NAME
TELEPHONE	MOBILE	
EMAIL	WEBSITE	

Please attach translated and certified copies of your business registration certificate(s) and company profile.

## B. BUSINESS BACKGROUND

DESCRIPTION OF CORE BUSINESS	
NUMBER OF YEARS IN BUSINESS	EXISTING NUMBER OF STAFF

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## B. BUSINESS BACKGROUND (CONT.)

IS YOUR OFFICE INVOLVED WITH ANY OTHER BUSINESS?  YES  NO  
(If YES, please outline the relationships)

HOW MANY INTERNATIONAL STUDENTS DO YOU RECRUIT FOR STUDY EACH YEAR?

TO WHICH COUNTRIES DO YOU SEND MOST STUDENTS FOR STUDY?

TO WHICH AUSTRALIAN SCHOOLS OR INSTITUTIONS DO YOU REFER STUDENTS?

WHICH AUSTRALIAN SCHOOLS OR INSTITUTIONS DO YOU REPRESENT?

ARE YOU A MEMBER OF YOUR NATIONAL ASSOCIATION OR ORGANISATION FOR PLACEMENT OF STUDENTS OVERSEAS?  YES  NO  
(If YES, which one and please provide proof of membership)

Do you use sub-agents or other people not employed directly by you to perform student recruitment activities?  YES  NO

If yes, do you ensure such sub-agents and/or individuals are aware of and comply with recruitment obligations under the ESOS Act (<https://aei.gov.au/regulatory-information/pages/regulatoryinformation.aspx>)?  YES  NO

Are you prepared to provide the details of any such sub-agents or individuals to Alana Kaye College if agency agreement is executed?  YES  NO

WHICH SERVICES DO YOU PROVIDE TO STUDENTS? (Please tick the appropriate boxes)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Student counselling          | <input type="checkbox"/> Follow up with parents | <input type="checkbox"/> Collecting fees        | <input type="checkbox"/> English testing |
| <input type="checkbox"/> Pre-departure briefing       | <input type="checkbox"/> Visa application       | <input type="checkbox"/> Home stay/guardianship |  |
| <input type="checkbox"/> Other (please specify below) |   |   |  |

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## C. STAFF BACKGROUND

DETAILS OF KEY DIRECTORS AND EMPLOYEES OF REPRESENTATIVE/AGENT	
FULL NAME	BACKGROUND QUALIFICATIONS AND EXPERIENCE
POSITION	
FULL NAME	BACKGROUND QUALIFICATIONS AND EXPERIENCE
POSITION	
FULL NAME	BACKGROUND QUALIFICATIONS AND EXPERIENCE
POSITION	
FULL NAME	BACKGROUND QUALIFICATIONS AND EXPERIENCE
POSITION	
FULL NAME	BACKGROUND QUALIFICATIONS AND EXPERIENCE
POSITION	
FULL NAME	BACKGROUND QUALIFICATIONS AND EXPERIENCE
POSITION	
HAVE ANY OF THESE STAFF STUDIED OR WORKED IN AUSTRALIA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide details)	
HAVE ANY OF YOUR COUNSELORS EVER VISITED AUSTRALIA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please list which cities)	

## D. UNDERSTANDING OF AND COMPLYING WITH ESOS REQUIREMENTS

Are you prepared to regularly monitor the Australian Department of Immigration and Border Protection (DIBP) website ( <a href="http://www.immi.gov.au">www.immi.gov.au</a> )?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prepared to regularly monitor the Australian Department of Education (DOE) <a href="https://education.gov.au">https://education.gov.au</a> and Australian Education International websites (AEI) <a href="https://education.gov.au">https://education.gov.au</a> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you read the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you undertaken the PIER Online Qualified Education Agent Training Course? If No, are you prepared to?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

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PLEASE LIST THE MAIN RESPONSIBILITIES OF AGENTS UNDER THE NATIONAL CODE

HOW WILL/DO YOU COMPLY WITH THESE OBLIGATIONS?

Do you ensure that students coming to Australia on a student visa have a primary purpose of studying and notify them that they must study full time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you understand that you must not make any guarantees about achieving residential status in Australia, and that you can refer students to the DIBP for further information on this issue?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prepared to comply with all requirements of Alana Kaye College, with relation to advertising and course material, application procedures and providing information to students?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prepared to only use material supplied by Alana Kaye College to describe Alana Kaye College and its courses?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## E. DESCRIPTION OF POTENTIAL MARKETS

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.)

WHICH SUBJECT AREA(S) DO YOU BELIEVE WOULD BE OF INTEREST TO PROSPECTIVE STUDENTS IN YOUR REGION OR AREA?

## F. PROPOSAL

PLEASE OUTLINE THE SUPPORT SERVICES YOU CAN OFFER TO STUDENTS.

WHAT DO YOU BELIEVE IS THE MOST EFFECTIVE MARKETING STRATEGY TO APPLY IN YOUR PARTICULAR AREA, REGION OR MARKET?

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WHAT IS THE MOST SUITABLE TIME OF THE YEAR TO CONDUCT A MARKETING TRIP TO YOUR REGION, OR A VISIT TO YOUR OFFICE FOR THE PURPOSE OF RECRUITING STUDENTS?

PLEASE INDICATE WHICH PARTS OF OUR ORGANISATION YOU WOULD LIKE TO PROMOTE THROUGH YOUR BUSINESS.

## G. REFEREES

PLEASE INDICATE TWO REFEREES FROM AUSTRALIAN EDUCATIONAL INSTITUTIONS WE CAN CONTACT WHERE YOU HAVE ENROLLED STUDENTS OR WITH WHOM YOU HAVE AN AGREEMENT TO SUPPLY STUDENTS

REFEREE 1	REFEREE 2
NAME	NAME
INSTITUTE	INSTITUTE
ADDRESS	ADDRESS
PHONE	PHONE
EMAIL	EMAIL

## H. SUPPORTING STATEMENT

PLEASE PROVIDE BELOW ANY OTHER RELEVANT INFORMATION IN SUPPORT OF YOUR APPLICATION.

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## I. ACKNOWLEDGEMENT

I/we acknowledge that we do not consider submission of this application form as an appointment to act as an agent of Alana Kaye College. Subject to the successful assessment of this application by Alana Kaye College, I/we are prepared to enter into an engagement agreement with Alana Kaye College:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND COMPANY NAME

\_\_\_\_\_  
POSITION

## J. REFEREE CHECK – OFFICE USE ONLY

### REFEREE 1

EMAIL FROM REFERENCE (ATTACHED)

PHONE CALL TO REFEREE DATE: \_\_\_\_\_

PHONE CALL OUTCOME:  
\_\_\_\_\_  
\_\_\_\_\_

### REFEREE 2

EMAIL FROM REFERENCE (ATTACHED)

PHONE CALL TO REFEREE DATE: \_\_\_\_\_

PHONE CALL OUTCOME:  
\_\_\_\_\_  
\_\_\_\_\_