

## F.01.05i SSVF APPLICATION FOR AGENCY REPRESENTATION FORM

<b>CONTACT NAME:</b>		<b>POSITION:</b>
<b>COMPANY NAME:</b>		
<b>TRADING NAME:</b>		
<b>DIRECTOR/OWNER'S NAME:</b>		
<input type="checkbox"/> <b>AUSTRALIAN BUSINESS NUMBER (ABN) or (ACN):</b>		
<input type="checkbox"/> <b>OVERSEAS GOVERNMENT AUTHORISED BUSINESS NUMBER OR ID (if applicable):-</b>		
<input type="checkbox"/> <b>QUALIFIED EDUCATION AGENT COUNSELLOR NUMBER (QEAC) :# _____</b>		
<input type="checkbox"/> <b>AUSTRALIAN MIGRATION AGENCY NUMBER (MARA):# _____</b>		
<input type="checkbox"/> <b>OTHERS:</b>		
<b>AGENT HEAD OFFICE BUSINESS ADDRESS:</b>		
<b>PHONE:</b>	<b>FAX:</b>	
<b>E-MAIL:</b>	<b>MOBILE:</b>	
<b>WEB ADDRESS:</b>	<b>SKYPE ID:</b>	
<b>POSTAL ADDRESS (If the same as your Head Office Business Address, write 'AS ABOVE'):</b>		
<b>BRANCH/S ADDRESS (Address required for any branch/s you may have):</b>		

## BUSINESS BACKGROUND

<b>How long has your Agency been operating? Please attach a business profile.</b>		
<b>What is the number of international students that your Agency has recruited for study to date?</b>		
Australia:	Canada:	UK:
New Zealand:	USA:	Others:
<b>Please list the other institutions your Agency is currently representing in Australia:</b>		
<b>What are the services your Agency provides to students (Please tick the appropriate answers)</b>		
<input type="checkbox"/> Discussing Course Marketing Material with students – to ensure the appropriate selection of Course/s	<input type="checkbox"/> Discussing the student's SSVF requirements so that they can lodge their visa application on-line	<input type="checkbox"/> Transport and accommodation arrangements
<b>Any other services offered (Please Specify)?</b>		
<b>How much does your Agency charge students for the above services? And is it a set amount for every student</b>		
<b>How does your Agency establish GTE (Genuine Temporary Entry) requirements for the student visa (sub-class 500) into Australia?</b>		
<b>Has your agency ever had an education Agent Agreement cancelled or suspended? Yes or No.</b>		

## STAFF BACKGROUND

<b>How many staff do you employ at your Agency?</b>	
Head office:	Branch office/s:
<b>If successful, will you be providing a dedicated staff member? Please list their details - name contact number and email address or indicate the number of staff that will be available for AVETA's SSVF programs?</b>	
<b>How many of your staff have studied or worked in Australia? :</b>	
<b>Have any of your Agency staff completed an Education Agents Training Course (QEAC / PIER or other)?</b>	
<b>What qualification does the owner of the Agency hold?</b>	

<b>REFERENCE 1 – Australian Education Institute</b> <i>(must complete)</i>	
<b>COMPANY NAME:</b>	
<b>CONTACT NAME:</b>	
<b>POSITION:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>FAX:</b>
<b>WEB ADDRESS:</b>	<b>E-MAIL:</b>

<b>REFERENCE 2 – Australian Education Institute</b> <i>(must complete)</i>	
<b>COMPANY NAME:</b>	
<b>CONTACT NAME:</b>	
<b>POSITION:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>FAX:</b>
<b>WEB ADDRESS:</b>	<b>E-MAIL:</b>

**ISANA CERTIFICATE OF COMPLETION:** <http://www.isana.org.au/mi-nc2007evaluation>

**As a part of Professional development, I understand that I will be required to complete the ISANA module and obtain a certificate and this is related to ESOS ACT and National Code of Practice in order to demonstrate my knowledge and understanding of the Australian International Education Industry.**

I have undertaken (certificate attached)

I will undertake after being approved as an Agent

**AGENT DECLARATION:**

I understand that by signing this application form that I am confirming that all the information contained in this application is correct in so far as it is practical for me to provide the information.

I also understand that by applying to be an authorised Education Agent of AVETA I will accept all the conditions that will be imposed on me by AVETA in the provision of marketing AVETA's educational services to potential students and that I will market AVETA with integrity and accuracy as outlined in the National Code of Practice 2007 (for Registration Authorities and Providers of Education and Training to Overseas Students) and ESOS (Education Services for Overseas Students) Act 2000. In this regard I confirm that I understand and will adhere to all the obligations of an Educational Agent that are imposed on me by the ESOS Framework.

I also confirm that I have not been convicted of engaging in dishonest or deceptive practices and I am prepared to sign a Fit & Proper Person Declaration and have the declaration authorised by an appropriate authority (which are outlined on the declaration form)

**NAME OF APPLICANT:**

**SIGNATURE:**

**DATE:**

**COMPANY SEAL :**

**DOCUMENTS REQUIRED TO BE ATTACHED:**

- **Business Profile**
- **Australian Business/Company Registration Number**
- **Overseas Government Authorised Business Number OR ID (if applying under SVP Arrangements)**
- **ISANA Certificate**