

F.01.05 APPLICATION FOR AGENCY REPRESENTATION FORM

CONTACT NAME:		POSITION:
COMPANY NAME:		
TRADING NAME:		
DIRECTOR/OWNER'S NAME:		
<input type="checkbox"/> AUSTRALIAN BUSINESS NUMBER (ABN) or : <input type="checkbox"/> AUSTRALIAN COMPANY NUMBER (ACN) :		
<input type="checkbox"/> OVERSEAS GOVERNMENT AUTHORISED BUSINESS NUMBER OR ID (if applicable):- 		
<input type="checkbox"/> QUALIFIED EDUCATION AGENT COUNSELLOR NUMBER (QEAC) :# _____		
<input type="checkbox"/> AUSTRALIAN MIGRATION AGENCY NUMBER (MARA):# _____		
<input type="checkbox"/> OTHERS:		
AGENT HEAD OFFICE BUSINESS ADDRESS:		
PHONE:	FAX:	
E-MAIL:	MOBILE:	
WEB ADDRESS:	SKYPE ID:	
POSTAL ADDRESS (If the same as your business address, write 'AS ABOVE'):		
BRANCH/S ADDRESS (Overseas address required for all SSVF application - mandatory):		

BUSINESS BACKGROUND:

How long has your Agency been operating? Please attach a business profile.		
Please list any other the other Registered Training Organisations (RTO's) that your Agency is currently representing in Australia:		
What are the services that your Agency provides to International students (Please tick the appropriate answers)		
<input type="checkbox"/> Student counselling	<input type="checkbox"/> Paper visa Application	<input type="checkbox"/> Pre-departure briefing
<input type="checkbox"/> Follow up with parents	<input type="checkbox"/> E visa Application	<input type="checkbox"/> Flights / Air tickets
Any other services offered (Please Specify)?		
How does your Agency establish GTE (Genuine Temporary Entrant) criteria for a student visa into Australia?		
Has your Agency ever had an Agent Agreement cancelled or suspended? <input type="checkbox"/> Yes or <input type="checkbox"/> No		

STAFF BACKGROUND:

How many staff are employed by your Agency?	
Head office:	Branch office/s:
If successful, will you be providing a dedicated staff member? If possible please list their details here (i.e. Their name, contact number and email details) or indicate number of staff that will be available for AVETA SSVF student courses?	
How many of your staff have studied or worked in Australia? :	
Has any of your Agency staff completed an Education Agents Training Course (QEAC / PIER or other)?	
<input type="checkbox"/> Yes or <input type="checkbox"/> No	

What qualification/s does the owner of the Agency hold?

REFERENCE 1 – (must complete)	
RTO/COMPANY NAME:	
RTO/CONTACT NAME:	
POSITION within RTO/COMPANY:	
ADDRESS of RTO/COMPANY:	
PHONE:	FAX:
WEB ADDRESS:	E-MAIL:

REFERENCE 2 – (must complete)	
RTO/COMPANY NAME:	
RTO/CONTACT NAME:	
POSITION within RTO/COMPANY:	
ADDRESS of RTO/COMPANY:	
PHONE:	FAX:
WEB ADDRESS:	E-MAIL:

ISANA CERTIFICATE OF COMPLETION:
<p>As a part of Professional development, I understand that I will be required to complete ISANA's Tutorial & Test and obtain a Certificate that is related to the ESOS ACT and National Code of Practice to demonstrate my knowledge and understanding of the Australian International Education Industry.</p> <p><input type="checkbox"/> I have undertaken the Tutorial & Test (Certificate attached)</p> <p><input type="checkbox"/> I will undertake the ISANA Tutorial and Test after it is available on the following web-site (and forward the Certificate): http://www.isana.org.au/isana-archive-pages/isana-national-code-2018-online-tutorial-and-test/</p>

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 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 International Students and that I will:

- market AVETA with integrity and accuracy as outlined in the:
 - National Code of Practice 2018 (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 Act.

I also confirm that I have not been convicted of engaging in dishonest or deceptive practices; and as a "High Managerial Agent" who recruits students on behalf of AVETA, I will sign ASQA's Fit and Proper Person Declaration and have the declaration authorised by an appropriate authority (which are outlined in this Declaration).

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 SSVF Arrangements)**
- **ISANA Certificate, if available (if not available at the time application; as soon it the Tutorial and Test is available)**
- **ASQA's completed Fit & Proper Person Declaration**