



# Education Agent Application Form

| Details          |  |          |  |
|------------------|--|----------|--|
| Date:            |  |          |  |
| Name:            |  |          |  |
| Legal Entity:    |  |          |  |
| Trading Name:    |  |          |  |
| Business Number: |  |          |  |
| Address:         |  |          |  |
|                  |  |          |  |
|                  |  |          |  |
| Phone:           |  | Fax:     |  |
| Email:           |  | Website: |  |

## Memberships / Associations

Please list any Industry Memberships / Associations you currently hold and the Registration Number

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## Section 1: Key Personnel

Please provide an overview of the key personnel within your company: (Attach additional pages as required)

|            |  |           |  |
|------------|--|-----------|--|
| Name:      |  | Position: |  |
| Background |  |           |  |
| Name:      |  | Position: |  |
| Background |  |           |  |



## Section 2: Company Description

Please provide a description of your company:

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## Section 3: General

Are you an authorised agent or member of an agent's association?

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How long has your business been operating?

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What services do you provide or intend to provide to prospective students?

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What is your main country of operations?

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What are your Fees and Charges?

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**How many International Students have you recruited for Study in Australia in the Last 12 months?**

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**How do promote International Education?**

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**How will you promote Platinum Instiute Australia?**

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**Please list other Institutions you are currently representing in Australia.**

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**Section 4: Referees**

**Please provide 2 referees:**

**Referee 1**

|          |  |          |  |
|----------|--|----------|--|
| Name:    |  |          |  |
| Address: |  |          |  |
|          |  |          |  |
|          |  |          |  |
| Phone:   |  | Fax:     |  |
| Email:   |  | Website: |  |



| Referee 2 |  |         |  |
|-----------|--|---------|--|
| Name:     |  |         |  |
| Address:  |  |         |  |
|           |  |         |  |
|           |  |         |  |
| Phone:    |  | Fax:    |  |
| Email:    |  | Website |  |
|           |  |         |  |

| Authorisation                |          |                 |  |
|------------------------------|----------|-----------------|--|
| Authorisation for Processing |          |                 |  |
| Action to be taken:          | APPROVED | DENIED          |  |
| Date Effective:              |          |                 |  |
| Comments:                    |          |                 |  |
|                              |          |                 |  |
| Signed:                      |          | Position:       |  |
| Print Name:                  |          | Date Processed: |  |