

AGENT APPLICATION FORM

All fields are mandatory. Please write in English using BLOCK LETTERS and tick where applicable.

AGENCY DETAIL		AGENCY PRINCIPAL CONTACT PERSON	
Name:		Name:	
ABN/ACN (if applicable):		Position:	
Facsimile:		Email:	
Phone Number:		Phone Number:	
Website:		AGENCY CONTACT PERSON FOR FINANCE MATTER	
		Name:	
Address:		Email:	
COMPANY BACKGROUND		COUNSELLORS DETAILS	
The year of establishment of your company:		Number of Education Counsellors:	
Specialist in:		Principal Counsellor:	
□VET □Higher Education □High School □ELICOS			
Main regions of Recruitment:		Number of years of experience of Principal Counsellor in the Education industry:	
Number of successful applications in past 12 months:		Number of counsellors affiliated with PIER, ICEF or similar industrial body (please provide individual accreditation number):	
Please list 4 institutions that you are currently representing:			
1.			
2.			
3.		Number of Registered Migration Agent (please provide individual MARN):	
4.			
Please list all the support services that you offer to prospective			
students:			
REFERENCES - Please list two institution-contacts that we can cont			ce.
Reference 1		Reference 2	T
Contact Person:		Contact Perso	on:
Position:		Position:	
Organisation:		Organisation	:
Email:		Email:	
Phone:		Phone:	

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DECLARA	HON		
•	you ensure that your agency regularly conducts the Monitor regulations and/or any changes as relea Affairs (DHA). Implement, monitor and work in accordance with Education and Training to Overseas Students 2018 Monitor policies and/or any changes as released or Training. Only to use the materials supplied by Melbourne the promotion activities.	sed on the website of Department of Home the National Code of Practice for Providers of and ESOS Act (Regulations) 2019. In the website of Department of Education and	□Yes \ □No
•	student, education provider, government auth	dishonest practices, including: ed information, or bogus document to any nority or other organisation, will not comply with the conditions of their	□Yes \ □No □Yes \ □No □Yes \ □No
If Yes to a I am inter I confirm I consent I understa	ested in representing Melbourne College of Busines that all information stated in this Agent Application to Melbourne College of Busines and Technology and that if my application for an Agency of Melbourne that and abide by a formal Agency Agreement and Technology of the college of Business and Technology of Melbourne College of Business and Technology of Melbourne that if my application for an Agency Agreement and abide by a formal Agency Agreement and Agency Agreement	es and Technology as an educational agent. Form is true and accurate. Ontacting any of the referees I have stated in this ourne College of Business and Technology is su	
SIGNATURE	i: F	POSITION:	
PRINT NAM	IE: [DATE:	
CHECKIIS	T AND SUBMISSION		
	eted Agent Application Form		
□Certific	ate of Business Registration		
ATTN: Ma Melbourn Unit 101,	ward above documentations to: rketing Manager e College of Business and Technology 991 Whitehorse Road, 'ictoria, 3128		
Fmail to e	nguiry@mcht.vic.edu.au.		

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