



Education Agent Application Form

Please duly fill this form to apply and to become an authorized education agent for Astral Skills Institute of Australia for the purpose of recruiting international students to study at AISA.

Your Agency Details		
What type of business is your agency?		
a sole proprietor	Name of proprietor:	
or a partnership	Name of partners:	
or an incorporated company	Registered company name:	
	Trading name (if applicable):	
	Number of directors:	
	Name of directors:	
	Place of registration:	
	Date of registration:	Expiry date:
	Australian Business Number (ABN): (or equivalent registration number)	
	MARA no.:	QEAC no.:
Your Correspondence Details		
Street address:	Country:	
Postal address:	Country:	
Telephone:	Fax:	
Email:		
Website:		
Your Main Contact Details		
Name of Chief Executive Officer/Director	Mr. / Mrs. / Miss / Ms. / Dr.	
Given names:	Surname:	
Name of your main contact officer:	Mr. / Mrs. / Miss/ Ms. / Dr.	
Given names:	Surname:	

THE EARLY CHILDHOOD LEARNING COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA

ABN: 80 600 951 264

RTO: 41322

CRICOS: 03858C



Level-6, Suite 6.01/138 Queen Street,
Campbelltown, NSW 2560



02 4608 9972



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www.asia.edu.au

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Direct telephone:	Mobile:
Fax:	Email:

Your Business Profile		
How many offices / representative offices do you have & where are they located?		
Are you a member of any agent association or professional industry body like AAERI (India) or ECAN (Nepal)? If yes, please attach copy of certificate. <input type="radio"/> Yes <input type="radio"/> No		
Are you member of PIER? If yes, please attach copy of certificate. <input type="radio"/> Yes <input type="radio"/> No		
Name of the industry body (e.g. Education Agent Association)	Years of membership	
Which courses are your clients most interested in? (Please tick relevant boxes)		
General English <input type="radio"/> Academic English <input type="radio"/>	University Foundation <input type="radio"/> Vocational Education <input type="radio"/>	Undergraduate <input type="radio"/> Postgraduate <input type="radio"/>
Other:		
Which Australian education institutions do you currently represent?		
Name of Institution	How many years have you represented this Institution?	Total number of students recruited for this Institution.
Which education institutions do you represent for countries other than Australia?		
Name of Institution (Include country)	How many years have you represented this Institution?	Total number of students recruited for this Institution?
If appointed as an Agent for AISA, how many students will you aim to recruit in the first year?		
State briefly how you plan to recruit students to the courses offered by AISA?		
Do you charge (or intend to charge) students / applicants any fee or commission for processing their application? <input type="radio"/> Yes <input type="radio"/> No		

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Do you have appropriate knowledge and understanding of the International education system in Australia including the Australian International Education and Training Agent code of Ethics? Yes No

How many year of experience do you have in Australian education Sector?

A brief overview of marketing plan including strategies to be employed to ensure students recruited by the agent are genuine and meet entry and financial requirements.

Your References

Please provide the name of two referees who may be contacted if your company is selected. At least one referee must be from an Australian education institute.

Referee1

Name

Education Provider name

Position:

Address:

Phone:

Email:*

Referee 2

Name

Company:

Position:

Address:

Phone:

Email:*

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Declaration by the Agent

I declare that the information on this form and supporting documentations are true and correct. I authorise Astral Skills Institute of Australia to contact my referees. I acknowledge that approval of my application is conditional on my company signing an Agent Agreement with AISA in accordance with National Code 2018 and VET Quality Framework (VQF) including standards for RTO. I am aware of the Agent’s code of conduct and understand that the provision of incorrect information or documentation or the withholding of information or documentation relating to application may result in the termination of agreement.

Authorised Signature:

Date:

Name of the Officer :

Position:

Application Checklist

- Application form completed and signed
- Evidence of business registration attached
- Completed and signed Agent Agreement attached

Return completed application to:

Email:

Fax: +61

Post:

Office use only

Referees checked by:

Agency approved: Yes No

Date:

Approved by:

Agreement signed: Yes No

Agent Code:

Comments:

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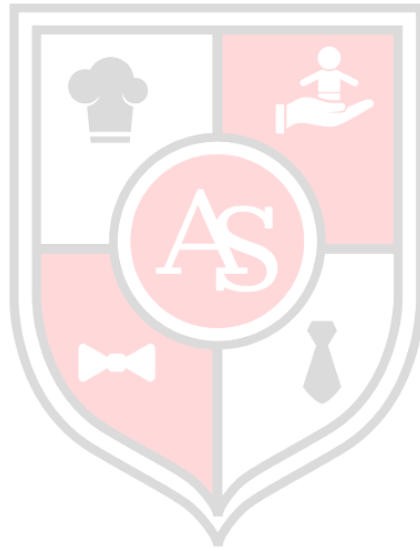


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ASTRAL SKILLS
INSTITUTE OF AUSTRALIA



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