

# Agent Application Form



## BUSINESS INSTITUTE OF AUSTRALIA

A.B.N. 18 085 304 570 | CRICOS CODE 02607G | RTO 91019

### How to apply

Please complete this form and return it to us with the supporting documents.  
E.g. Company registration certificates, company profile (if applicable) &etc.  
by email [info@bia.edu.au](mailto:info@bia.edu.au)

Please note Agent agreement and Agent certificate may take up to 2 weeks  
from the submission of this form.

### Contact us

Level 3, 1 Bay St. Broadway NSW 2007  
T: +61 2 8316 9900  
E: [info@bia.edu.au](mailto:info@bia.edu.au)  
[www.bia.edu.au](http://www.bia.edu.au)

## 1. Company Details

|   |                |
|---|----------------|
| Agent Name  |                |
| Business Legal Name   |                |
| Business Trading Name   |                |
| ABN/ACN   |                |
| Business Registration Authority                                 |                |
| Migration Agent Authority Number (MARN)                         |                |
| Postal Address  |                |
| Postcode  | Country        |
| Is your postal address is different than your business address? |                |
| Yes   | No             |
| How long has your business been operating?                      |                |
| Phone Number 1  | Phone Number 2 |
| Fax Number  |                |
| Mobile Number   |                |
| Website address   |                |
| Email   |                |
| Please provide a description of your major business activities  |                |

|   |               |
|---|---------------|
| Number of years in operation  |               |
| Number of staff/counselors  |               |
| Detail membership of professional associations  |               |
| Detail specific International recruitment training undertaken                             |               |
| Number of students referred to Australian educational institutions over the past 3 years. |               |
| H.School/ELICOS   | Undergraduate |
| TAFE  | Postgraduate  |
| RTO   |               |

## 2. Details of Key Directors and Employee/s

|  |
|--|
| Name 1   |
| Position   |
| Name 2   |
| Position   |
| Name 3   |
| Position   |
| Name 4   |
| Position   |
| Please list any other Institute/University/Educational institution you represent |

## 3. Understanding of and complying with ESOS requirements

Do you agree with the following

I am prepared to regularly monitor the Department of Immigration and Border Protection (DIBP) website.

I am prepared to regularly monitor The Australian Government Department of Education and Training website.

I have read the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students.

### Important Links to Websites

[Department of Immigration and Border Protection Australia](#)

[Department of Education and Training Australia](#)

[National Code of Practice](#)

Do you agree with the following terms

I understand that students coming to Australia on a student visa must have a primary purpose of studying and must study full time

I understand that you must not make any guarantees about achieving residential status in Australia, but that you can refer students to the DIBP website referred to above

I am prepared to comply with all requirements of the Institute about advertising and course material, application procedures and providing information to students

I am prepared only to use material supplied by the Institute to describe the Institute and its courses

#### 4. Description of Potential Market

From which geographical area will your potential market come?

Which course areas do you believe would be of interest to prospective students in your region or area? Why do you say this?

#### 5. Proposal

Please outline the support services you can offer to students

What is the most suitable time of the year to conduct a visit to your office?

Please use the space provided below to include any other information

**Please list the names of three (3) referees who can vouch for you and your company's financial standing and their contact details.**

|                 |
|-----------------|
| 1. Referee name |
| From            |
| Contact number  |
| Email           |

|                 |
|-----------------|
| 2. Referee name |
| From            |
| Contact number  |
| Email           |

|                 |
|-----------------|
| 3. Referee name |
| From            |
| Contact number  |
| Email           |