

Education Agent Application Form

Business Details

MARA / Overseas Education Agent ID:

Company Name:

Trading / Business Name:

ABN/ACN:

Contact Person

Given Names:

Family Name:

Position:

Mobile Number:

E-mail Address:

Business Address

Flat / Unit Number:

Street Number:

Street Name:

Suburb / Locality or Town:

State:

Postcode / Zip Code:

Country:

Website:

Section 1: Company Description

Please provide a description of your company or send your company profile:

Section 3: General

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

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

What is your main country of operations?

Have you ever been refused representation by an educational provider in any country other than your own?
If so, provide details of that provider and the circumstances of the refusal.

Outline your knowledge of the Australian student visa regulations and processing for student visa subclasses.

Have you or your staff undertaken any training or seminars on the ESOS Act and National Code as provided by

Do you charge your prospective students an Agent's Service Fee? If so, how much?

What are your Agent Commission Fees to educational providers?

What marketing strategies do you have in mind to recruit students to study at AIBTGlobal?

Please list 3 main reasons why you believe your prospective students would study at AIBTGlobal?

1.

2.

3.

How many students do you think you could recruit to study at AIBTGlobal in the next 12 months?

Section 4: Referees

Please provide the name and contact details of three referees, at least two must be Education Institutions/Providers in Australia which you currently represent or have represented in the past. Please also provide a Student Referee.

(Please note: We will require a minimum of 3 referees. We may make contact for verification, so please include complete contact details for each referee as per the following format).

Referee 1 – EDUCATION PROVIDER

Name:

Address:

Phone:

Website:

Email:

Referee 2 – EDUCATION PROVIDER			
Name:			
Address:			
Phone:			
Email:		Website:	
Referee 3 – STUDENT (optional)			
Name:			
Address:			
Phone:			
Email:			

Return this completed Application Form to:

**AIBTGlobal Marketing
Head Office
Level-3, 18, Mt. Gravatt-Capalaba Road,
Upper Mt. Gravatt, QLD 4122
Australia**

OR

Email to:

info@aibtglobal.edu.au

Authorisation – AIBTGlobal Use Only			
Authorisation for Processing			
Action to be taken:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	
Date Effective:			
Comments:			
Name:			
Position:			
Signed:		Date Processed:	