

### **Australian Careers Education Pty Ltd**

CRICOS No: 03219A RTO No: 22424 | Australian Careers Education Pty Ltd | 347-351 Victoria Street, Brunswick, VIC 3056 Phone: +61 3 9380 1414 | Facsimile: +61 3 9380 1811

Email: <a href="mailto:info@ace.vic.edu.au">info@ace.vic.edu.au</a> | Website: <a href="mailto:www.ace.vic.edu.au">www.ace.vic.edu.au</a> |

# **AGENT APPLICATION FORM**

#### Agents Application form for overseas student counselling and recruitment assistance

Please complete the form using the grey fields below, print and <u>sign</u> and forward ACE a copy of your application. Please ensure ALL fields are complete and at least 2 referees have been noted.

Agent's Business Name:						
ABN No. (If Available): MARA Code:						
Head Office Contact Details:						
Contact Name(s):						
Position:						
Email:	T					
Phone:	Fax:					
Company Postal Address:						
Postcode:	Count	ry:				
About Agency:						
Years in education consultancy:						
Number of Students sent to Australia last year and this year until now:						
Primary Business:						
Services Provided to Students:						
Number of student Counselling staff:						
Member of Associations:						
Have you worked in conjunction with anot Yes No	ther agent previously?					
If Yes, what is the name of that agency?						
Please Tick the Market(s) you represent:  India Mauritius China Bangladesh Malaysia Indonesia Nepal Thailand	☐Singapore ☐Pakistan ☐Sri Lanka ☐South America	☐South Korea ☐Philippines ☐Vietnam ☐Europe				

Agent Application Form		Version 4.4	Updated: July 2018
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Email: info@ace.vic.edu.au | Website: www.ace.vic.edu.au

#### Referee 1

Email: garry@ace.vic.edu.au

List two referees from Educational Institutes that your Agency represents. One referee must be

List two referees from Ladeational mistitute	es that your represents. One referee mast be	
from an Educational Institute in Australia.		
Contact Name(s):	Position:	
Organisation:	Phone:	
Email:	Fax:	
Address:		
Referee 2		
Contact Name(s):	Position:	
Organisation:	Phone:	
Email:	Fax:	
Address:		
Please list other offices that operate under your Agen	cy's name: (Please attach another sheet if required).	
Other Branches Details		
Branch Name:		
Contact Name(s): Position:		
Email:	Phone:	
Website:	Fax:	
Company:		
Address (postal):		
<ul> <li>application:</li> <li>Company registration Certificate</li> <li>Company Profile</li> <li>MARA Certificate</li> <li>ISANA Certificate - <a href="http://www.isana.or">http://www.isana.or</a></li> </ul>	Please tick documents you have provided with this  rg.au/  t): http://www.pieronline.org/agents/online-training	
DECLARATION: I am interested in represent Education Agent and I agree to do so in an	nting Australian Careers Education Pty Ltd (ACE) as an honest and professional manner.	
Signature:	Date://	
Please forward	d completed application to:	
Australian Careers Education Pty Ltd Or Fax: +61 3 9380 1811	Post: Head Office 347-351 Victoria Street,	

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Brunswick, Victoria 3056, Australia