

Education Agent Application Form

Legal Name:	
Trading name	
Contact Name	
Position	
Telephone	
Email Address:	
Website:	
Postal Address:	
Business Registration Number/ABN:	
Australian Migration Agency Number (if applicable):	

BUSINESS BACKGROUND

How long have you been in business?	
Main Countries of Operation:	
Names of agent's staff involved in recruiting students	
Nature of Business (e.g., student recruitment, career counselling):	

PROFESSIONAL AFFILIATIONS AND ACCREDITATIONS

Agent Qualification- MARA/QEAC-PIER	
Memberships (e.g., MIA, ISANA):	
Certifications (if any):	

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EXPERIENCE			
How long have you been recruiting students for Australian education providers?			
Have you worked with other RTOs/CRICOS providers?	<input type="radio"/> Yes <input type="radio"/> No		
If yes, please list:			
Number of Students Referred to Australian Education Providers in the Last 12 Months:			
Do you have a comprehensive understanding of the requirements of the Education Services for Overseas Students Act 2000 and National Code 2018?	Yes	No	
Do you regularly monitor the Australian Department of Home Affairs website (https://www.homeaffairs.gov.au/) and the Department of Education and Training website (https://www.education.gov.au/)	Yes	No	
Are you willing to comply with the requirements of the Institute regarding advertising, course materials and application procedures, and provide accurate information to students?	Yes	No	
Are you prepared to use the marketing materials provided by the Institute to promote our courses?	Yes	No	
REFERENCES			
Provide details of two referees (preferably education providers):			
Reference 1			
Referee Name:			
Organisation:			
Position:			

Email:		Contact No.	
Reference 2			
Referee Name:			
Organisation:			
Position:			
Email:		Contact No.	
DECLARATION			
<p>I, the undersigned, declare that:</p> <ul style="list-style-type: none"> • All the information provided in this application is accurate and true. • I understand that providing false or misleading information may result in the termination of any agreement formed. • I authorise Vocational Augment Pty Ltd T/A Vocational Augment Training (VAT) to contact the referees listed to collect information about my conduct and services. • I agree to adhere to the requirements and regulations set out by Vocational Augment Pty Ltd T/A Vocational Augment Training (VAT) and relevant Australian regulatory bodies, including ASQA and the ESOS Act (if applicable). • I acknowledge and agree to the privacy statement provided below. <p>Privacy Statement: All information collected, used or disclosed by the Institute is confidential and is protected by the Privacy Act 1988 and other relevant legislation. The Institute's policy is outlined in Privacy Policy and Procedure available from our website. Information about Agents or students may be made available to Commonwealth and State agencies if required to provide the information by law.</p>			
Signature of Applicant:			
Full Name:			
Position:		Date	

DOCUMENTATION CHECKLIST	
Attach the following documents with your application:	
Item	Attached For office use only:
Copy of Business Registration Certificate/ABN.	
Proof of Address (e.g., utility bill, lease agreement).	
Company Profile (optional).	
Reference check	
Agent Qualification-MARA/QEAC	

Thank you for completing the form.	For office use only:
	Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No

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Please return this form via email to:
enquiries.vat@gmail.com

Authorised officer Name: _____

Authorised officer Signature: _____

Date: ____/____/____



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