AGENT AGREEMENT APPLICATION FORM

About Your Business

Registered Business Legal Name	
Trading Name	
ABN/ACN	

Contact Person Information

	First Name	Last Name
Name of Director		
Name of Principle Contact Person		

Contact Details

Street Address	
City	
Postcode	
Country	
Telephone	
Mobile	
Email Address	
Website	

About Your Business Operation

Please list the services you provide or intend providing to students.

Number of Qualified Student Counselors working in the organisation	
List of nationality students you represente?	

List of Australian Institutes you are working?	
Number of Students enrolled to Australia per year	

Referees

Please List two referees from Australian Educational Institutes that your Agency represents.

Referee 1

Contact Name(s)	
Position	
Organization	

Email			
Telephone			
City		**Postcode**	

Referee 2

Contact Name(s)			
Position			
Organization			
Email			
Telephone			
City		**Postcode**	

COMPLIANCE PLEASE TICK ✓YES OR NO AND COMPLETE ALL SECTIONS

Do you understand that students coming to Australia on a student visa must have a primary purpose of studying and must study full time?
□ Yes □ No

Please list the main responsibilities of Education Agents under the National Code 2018? How will you comply with these obligations?
□ Yes □ No

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Do you have the knowledge and a good understanding of the requirements of the Education Services for Overseas Students (ESOS) Act 2000 and National Code as an Education Agent?
□ Yes □ No

Do you regularly monitor the Department of home affairs (DoHA) website www.immi.gov.au and the Department of Education website www.education.gov.au?
□ Yes □ No

Are you prepared to comply with the requirements of NIS regarding advertising, course materials and application procedures, and provide accurate information to students?
□ Yes □ No

Are you prepared to use material supplied by NIS to promote our courses?
□ Yes □ No

DECLARATION

I confirm that the information provided is true and accurate to the best of my knowledge and I authorize NIS to approach referees to collect any information/details as you may request from time to time.

Signature:..... Name of Contact Person:.....

Date: __ /..... /..... Position:.....

CRITICAL DOCUMENT CHECKLIST REQUIRED ATTACHMENTS

In order to assess your application, the following documents are required:

Check	Item	Supplied	Verified	Approved by CEO
☐	Evidence of business registration/ license papers			
☐	Company/ business profile, including information on owners and staff and a description of your company's servicers			
☐	Evidence of professional memberships			
☐	Supporting promotional materials/ information provided to international students, including website URL			

OFFICE USE ONLY -1

Verifications are to be competed .....

Further Evidence Required & Due Date...../...../..... □ Yes ☐ No

Approved □ Not Approved □ Date ...../...../..... Initial Authorized Person:

Name:..... Signature .....

Position:..... Date: ../...../.....