

Agency Application Form

(To be completed by education agents interested in recruiting students for Australian College of Technology and Business Pty Ltd)

COMPANY DETAILS:

Company Name: _____

ABN / ACN Number _____ MARN / Other No: _____

Primary Contact: _____ Position: _____

Direct Telephone: (____) (____) _____ Mobile number: (____) _____
Country & Area Code Phone Number Country Code Mobile Number

Primary Office Street Address:

Primary Office Postal Address:

Telephone: () () _____
Country & Area Code

Fax: () () _____
Country & Area Code

Email: _____

URL: _____

(Please list additional office locations on a separate sheet and attach)

BANK ACCOUNT DETAILS (For transfer of commission payments):

	<i>Please enter details below</i>
Name of Bank	
Account Name	
Swift Code/ Sort Code	
Account Number	
Branch	
Branch Address	

YOUR COMPANY PROFILE: PLEASE ATTACH DETAILS

Please attach your 'Company Profile' in English.

The Company Profile must include the history of the company, number of employees, other organisations that your company represents and an overview of the company's main activities.

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1.	How many students did you send to Australia last year?		2.	How many students did you send to Queensland?	
3.	How many students did you send to Australia for vocational (Certificate/ Diploma) courses last year?		4.	How many students did you send to Queensland on SVP programs last year?	

REFEREES

List two other Australian institutions who would act as a referee in support of your application. One institution **MUST** be an SVP provider

1: Name of Institution: _____

Contact Name: _____ Tel Number: _____

Email: _____ Fax Number: _____

2: Name of Institution: _____

Contact Name: _____ Tel Number: _____

Email: _____ Fax Number: _____

IMPORTANT: PLEASE ASK TWO REFEREES TO COMPLETE THE 'AGENT REFERENCE CHECK FORM' OVER THE PAGE

SIGNATURE OF AUTHORISED PERSON (COMPANY DIRECTOR/ PROPRIETOR OR AUTHORISED DELEGATE)

FIRST NAME _____

LAST NAME _____

POSITION IN THE COMPANY _____

EMAIL _____

DIRECT MOBILE NO. Country code _____ Mobile Number _____

SIGNATURE _____

DATE _____

Please ask TWO referees to complete the 'Agent Reference Check' below. Your referee can send us the completed form directly by email to us or through you.

PLEASE SEND YOUR COMPLETED FORM AND TWO WRITTEN 'AGENT REFERENCE CHECKS' BY EMAIL TO info@actb.com.au or FAX TO +61 7 3852 6968

Please note: Your application may not be approved unless all required information is received

AUSTRALIAN COLLEGE OF TECHNOLOGY AND BUSINESS P/L**AGENT REFERENCE CHECK****(This form should be completed by an educational institution that uses the agent's services)****Name of Agency:**

Institution Name:			
Referee's Name:			
Phone:		Fax:	
Email:			

1. Is the Agent registered with your institute? Yes ☐ No ☐

2. How long has your institution been dealing with this agent? _____

3. Has the agent recruited any SVP students for you? Yes ☐ No ☐

4. How do you find the quality of applications being submitted by this agent?

Excellent		Very Good		Good		Fair		Poor	
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4. Please rate the Agent in respect to payment and administration requirements.

Excellent		Very Good		Good		Fair		Poor	
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5. Approximately how many students are referred by this agent to your institution annually? _____

6. Generally speaking, how is the attendance record of students referred by this agent?

Excellent		Very Good		Good		Fair		Poor	
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7. How cooperative/supportive is this agent with post enrolment issues/problems their students may have?

Excellent		Very Good		Good		Fair		Poor	
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8. Would you recommend this Agent? Yes ☐ No ☐

9. Any additional comments:

I declare that all of the information given is correct.

Signed _____ Date: _____

Thank you for your assistance!

Please email the completed form to info@actb.com.au or fax to 07 3852 6968