

Company Details and	Background	
Company / Business Name:		
Trading name (if different from Company name):		
Company/ Business Registration Number:		
Years Established:		
Name of Director/ CEO:		
Town and Country of Company/ Business Registration:		
Business Address:		
Phone:		
Email:		
Website:		
Please describe your business activities:		
Number of staff:		
Number of international offices:		
Locations of International Offices:		
Potential Markets and Services to be Provided		
What are your target markets?		



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What marketing strategies will you use to promote our courses?
Please outline any support services that you offer prospective students.
Do you charge students any fees for your service? If YES, please provide details of the services and relevant fee for each.
Cacii.
Agency Performance and Compliance
How many Australian education institutions are you currently representing?



How many students have you referred to Australian educational institutions in the past 2 years?
Please briefly outline how you and your organisation will fulfil your responsibilities as an education agent as required
by the National Code 2018. Please attach additional information such as company flyers etc. if required.
Have you or any of your staff completed the Education Agents Training Course (EATC) available through www.pieronline.org?
☐ Yes ☐ No
If YES, please list who has completed the course.
Do you have a comprehensive understanding of the requirements of the ESOS Act and National Code?
☐ Yes ☐ No



Do you regularly monitor the Australian Department of Home Affairs (DHA) website (https://www.homeaffairs.gov.au/) and the Department of Education, Skills and Employment?			
☐ Yes ☐ No			
Are you willing to comply with the requirements of Melbourne Institute of Training and Education regarding advertising, course materials and application procedures, and provide accurate information to students?			
Yes No			
Are you prepared to use the marketing promote our courses?	materials provided by Melbourne Institute of Training and Education to		
☐ Yes ☐ No			
Additional Information			
Please provide any other information that you think will support your application.			
References			
Please provide details of at least two (2) Australian educational institutes that we can contact for a reference.			
Institution 1			
Name of Institution:			
Contact Person:			
Position:			
Phone Number:			
Email Address:			
Dates when you worked with them:			



Institution 2	
Name of Institution:	
Contact Person:	
Position:	
Phone Number:	
Email Address:	
Dates when you worked with them:	

Declaration

In signing this agreement, you declare that

You have read and understood the extract from the ESOS Act 2000 Obligations of Agents.

The answers and details provided in this application are true, accurate and complete.

Melbourne Institute of Training and Education is authorised to contact the referees listed to collect information about my conduct and services.

You acknowledge and agree to the privacy statement provided below.

Privacy Statement: All information collected, used or disclosed by Melbourne Institute of Training and Education is confidential and is protected by the Privacy Act 1988 and other relevant legislation. Melbourne Institute of Training and Education policy is outlined in the Information Privacy Policy 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.



Document Checklist

Document Title		No
Complete Agent Application Form		
Business Profile		
ABN Registration		
2 Referee Details (preferably education institute from past 2 years)		
Statement from the Director of Business on how they plan to promote courses of Melbourne Institute of Training and Education		

Please return this form along with supporting evidence to

Melbourne Institute of Training and Education at the below address:

Address:

Unit 211, 111 Overton Road Williams Landing VIC 3027

Email: info@mite.edu.au