## AGENT APPLICATION FORM

**Agents Application Form for overseas student counselling and recruitment assistance**

*Please complete the form using the grey fields below, print and sign 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:

<table>
<thead>
<tr>
<th>Contact Name(s):</th>
<th>Position:</th>
<th>Email:</th>
<th>Phone:</th>
<th>Fax:</th>
<th>Company Postal Address:</th>
<th>Postcode:</th>
<th>Country:</th>
</tr>
</thead>
</table>

### 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 another agent previously?**  
☐ Yes  ☐ No

**If Yes, what is the name of that agency?**

### Please Tick the Market(s) you represent:

- [ ] India  
- [ ] Mauritius  
- [ ] Singapore  
- [ ] South Korea  
- [ ] China  
- [ ] Bangladesh  
- [ ] Pakistan  
- [ ] Philippines  
- [ ] Malaysia  
- [ ] Indonesia  
- [ ] Sri Lanka  
- [ ] Vietnam  
- [ ] Nepal  
- [ ] Thailand  
- [ ] South America  
- [ ] Europe
Referee 1
List two referees from Educational Institutes that your Agency represents. One referee must be from an Educational Institute in Australia.

<table>
<thead>
<tr>
<th>Contact Name(s):</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

Referee 2

<table>
<thead>
<tr>
<th>Contact Name(s):</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

Please list other offices that operate under your Agency’s name: (Please attach another sheet if required).

Other Branches Details

<table>
<thead>
<tr>
<th>Branch Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name(s):</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Website:</td>
</tr>
<tr>
<td>Company:</td>
</tr>
<tr>
<td>Address (postal):</td>
</tr>
</tbody>
</table>

ESOS Mandatory Supporting Documents - Please tick documents you have provided with this application:

- [ ] Company registration Certificate
- [ ] Company Profile
- [ ] MARA Certificate
- [ ] Education Agent Training Course (EATC): [http://www.pieronline.org/agents/online-training](http://www.pieronline.org/agents/online-training)

DECLARATION: I am interested in representing Australian Careers Education Pty Ltd (ACE) as an Education Agent and I agree to do so in an honest and professional manner.

Signature: ___________________________ Date: _____/___/____

Please forward completed application to:

Australian Careers Education Pty Ltd  Or  Post: Head Office
Fax: +61 3 9380 1811  347-351 Victoria Street, Brunswick, Victoria 3056, Australia
Email: garry@ace.vic.edu.au