Greenhill Institute Pty Ltd t/a Greenhill Institute **RTO NO.** 45872 **I CRICOS NO.:** 04029K

Suite 2 - 17 David St Brunswick Vic 3056

Ph:1300136859 | W: greenhillinstitute.vic.edu.au

E: <u>info@greenhillinstitute.vic.edu.au</u>

ABN: 36650308875



| Legal Name: | |
|---|--|
| Trading Name: | |
| Contact Name: | |
| Physical Address: | |
| | |
| Australian Company Number (ACN) (if applicable): | |
| Australian Business Number (ABN) (if applicable): | |
| Australian Migration Agency Number (if applicable): | |
| Postal Address: | |
| | |
| Telephone:Fax:Fax: Email: | |
| Website: | |
| BUSINESS BACKGROUND | |
| DUSINESS DACKGROUND | |
| 1. How long have you been in business? | |
| 2. Number of international students recruited for study in Australia each year: | |
| 3. List of other institutions you are currently representing in Australia: | |
| | |
| | |
| 4. List of countries you operate from: | |
| | |
| | |
| 5. List the courses you promote to enrol students into: | |
| | |
| | |

AGENT APPLICATION FORM

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| 6. Names of agent's staff involved in recruiting students: | | | |
|---|--|--|--|
| | | | |
| | | | |
| SERVICES PROVIDED TO STUDENTS (Please | se Check in Appropriate Box) | | |
| ☐ Student Counselling | ☐ Pre-Departure Briefing | | |
| ☐ Visa Application | ☐ Follow up with Parents. | | |
| ☐ Other Services (Please Specify): | | | |
| Do you charge students additional fees for the abo | ove services? | | |
| If yes, please specify the amount(s) and type(s) of | f fees charged: | | |
| How do you promote international education and | how will you promote Greenhill Institute? | | |
| | | | |
| | | | |
| | | | |
| REFEREES Please indicate two referees from Australian educ | cational institutions that you represent (one mandatory) | | |
| Reference 1 | | | |
| Organisation Name: | | | |
| Contact Person: | | | |
| Address: | | | |
| | | | |
| Telephone:Fax:Fax: | Email: | | |
| Reference 2 | | | |
| | | | |
| | Position: | | |
| Address: | | | |
| | | | |

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As our authorised agent, we are responsible for your actions in marketing our courses and therefore we expect you to market them with integrity and accuracy as outlined in the National Code 2018 (National Code of Practice for Providers of Education and Training to Overseas Students 2018) and ESOS (Education Services for Overseas Students Act) 2000. Please confirm that you have read and understood this Act.

AGENT DECLARATION:

By signing this form, I declare that:

- I have read and understood the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (Standard 4 Education Agents).
- I will act honestly, responsibly, and in the best interests of students and GI.
- I will not make false or misleading claims, including guarantees of migration or employment outcomes.
- I will disclose to students all fees charged by my organisation for services provided.
- I consent to GI conducting a reference check prior to issuing an agreement.

Date:

| Name of Agent: | | | | |
|--|---------------------------------|----------------------------------|--|--|
| Agents Signature: | Date: | | | |
| REQUESTED ATTACHMENTS | | | | |
| Item | | Attached For Office Use Only: | | |
| Evidence of Business Registration | - ABN/ACN | | | |
| Agent Qualification-MARA/QEAC | | | | |
| Reference Check | | | | |
| Company Profile | | | | |
| Please refer Managing Education Agent kit for guideline about this form. | | | | |
| | FOR OFFICE USE ONLY: | | | |
| Thank you for completing the | Application Approved: □Yes □ No | | | |

Authorised officer Name:

Authorised officer Signature:

form.

Please return it to: **Email:**

info@greenhillinstitute.vic.edu.au