



AGENT APPLICATION FORM

All fields are mandatory. Please write in English using BLOCK LETTERS and tick where applicable.

COMPANY DETAIL	KEYCONTACT PERSON
Company Name: ABN/ACN (if applicable): Business Email: Business Phone: Website:	Name: Position: Email: Phone:
Head Office Address:	Postal Address: <input type="checkbox"/> Same as Head Office
Please list your other Office locations (Both in Australia and Outside Australia):	

COMPANY BACKGROUND	COUNSELLORS DETAILS
The year of establishment of your company:	Number of Education Counsellors:
Specialist in: <input type="checkbox"/> VET <input type="checkbox"/> Higher <input type="checkbox"/> Education <input type="checkbox"/> High School <input type="checkbox"/> ELICOS	Principal Counsellor:
Main regions of Recruitment:	Number of years of experience of Principal Counsellor in the Education industry:
Number of successful applications in past 12 months:	Number of counsellors affiliated with PIER, ICEF or similar industrial body (please provide individual accreditation number):
Please list 4 institutions that you are currently representing: 1. 2. 3. 4.	
Please list all the support services that you offer to prospective students:	Number of Registered Migration Agent (please provide individual MARN):

REFERENCES - Please list two institution-contacts that we can contact for reference.	
Reference 1 Contact Person: Position: Organisation: Email: Phone:	Reference 2 Contact Person: Position: Organisation: Email: Phone:

UNDERSTANDING ESOS ACT 2000
Please provide your understanding of an Agent's responsibility under the National Code:



DECLARATION

1. Can you ensure that your agency regularly conducts the following actions? ☐ Yes \ ☐ No
- Monitor regulations and/or any changes as released on the website of Department of Immigration and Border Protection (DIBP).
 - Monitor the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students (2007).
 - Monitor policies and/or any changes as released on the website of Department of Education and Training.
 - Only to use the materials supplied by Melbourne College of Business and Technology in any of the promotion activities.
2. Has anyone in your agency ever:
- Been refused any registration under any law of any country? ☐ Yes \ ☐ No
 - Engaged or been charged with any offence/activity that subject to any statutory penalty or sanction in any country? ☐ Yes \ ☐ No
 - Engaged in or to have previously been engaged in, dishonest practices, including: ☐ Yes \ ☐ No
 - ❖ Deliberately provide misleading or unfounded information, or bogus document to any student, education provider, government authority or other organisation,
 - ❖ Facilitate the enrolment of a student who will not comply with the conditions of their student visa
 - ❖ Provide unethical advice to any stakeholders
 - ❖ Provided immigration advice when not authorised to do so under the Migration Act 1958?
3. Do you have an internal policy to assess whether the prospective client is a genuine student? ☐ Yes \ ☐ No
- If Yes to any of above statement, please provide details:

I am interested in representing Melbourne College of Business and Technology as an educational agent.
I confirm that all information stated in this Agent Application Form is true and accurate.
I consent to Melbourne College of Business and Technology contacting any of the referees I have stated in this form.
I understand that if my application for an Agency of Melbourne College of Business and Technology is successful, I will be required to enter into and abide by a formal Agency Agreement.

SIGNATURE: _____ POSITION: _____

PRINT NAME: _____ DATE: _____

CHECKLIST AND SUBMISSION

- ☐ Completed Agent Application Form
- ☐ Certificate of Business Registration

Please forward above documentations to:
ATTN: Marketing Manager
Melbourne College of Business and Technology
Level 13, 190 Queen Street,
Melbourne, Victoria, 3000
Australia
Or
Email to enquiry@mcvt.vic.edu.au.