



# Education Agent Application Form and Checklist

<b>Company Details and Background</b>	
<b>Company / Business Name:</b>	
<b>Trading name (if different from Company name):</b>	
<b>Company/ Business Registration Number (ABN):</b>	
<b>Year Established:</b>	
<b>Name of Director/ CEO:</b>	
<b>Town and Country of Company/ Business Registration:</b>	
<b>Business Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Website:</b>	
<b>Please describe your business activities:</b>	
<b>Number of staff:</b>	



<b>Number of international offices:</b>	
<b>Locations of International Offices:</b>	
<b>Potential Markets and Services to be Provided</b>	
<b>What are your target markets?</b>	
<b>What marketing strategies will you use to promote our courses?</b>	
<b>Please outline any support services that you offer prospective students.</b>	
<b>Do you charge students any fees for your service? If YES, please provide details of the services and relevant fee for each.</b>	



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<b>Agency Performance and Compliance</b>
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<b>How many Australian education institutions are you currently representing?</b>

<b>How many students have you referred to Australian educational institutions in the past two years?</b>
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<b>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.</b>
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**Have you or any of your staff completed the Education Agents Training Course (EATC) available through [www.pieronline.org](http://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 2000 and the National Code 2018?**

**Yes / No**

**Do you regularly monitor the Australian Department of Home Affairs (DHA) website (<https://www.homeaffairs.gov.au/>) and the Department of Education?**

**Yes / No**

**Are you willing to comply with the requirements of Study of Australian Technologies and Healthcare Education regarding advertising, course materials and application procedures, and provide accurate information to students?**

**Yes / No**

**Are you prepared to use the marketing materials provided by Study of Australian Technologies and Healthcare Education to promote our courses?**

**Yes / No**

**Additional Information**

**Please provide any other information that you think will support your application.**



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**References**

Please provide details of at least two (2) Australian education institutes that we can contact for reference.

**Institution 1**

<b>Name of Institution:</b>	
<b>Contact Person:</b>	
<b>Position:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Dates when you worked with them:</b>	

**Institution 2**

<b>Name of Institution:</b>	
<b>Contact Person:</b>	



<b>Position:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Dates when you worked with them:</b>	
<b>Declaration</b>	
<b>In signing this agreement, you declare that -</b> <ul style="list-style-type: none"><li>• You have read and understood the extract from the ESOS Act 2000 Obligations of Agents.</li><li>• The answers and details provided in this application are true, accurate and complete.</li><li>• Study of Australian Technologies and Healthcare Education is authorised to contact the referees listed to collect information about my conduct and services.</li><li>• You acknowledge and agree to the privacy statement provided below.</li><li>• Privacy Statement: All information collected, used, or disclosed by Study of Australian Technologies and Healthcare Education is confidential and is protected by the Privacy Act 1988 and other relevant legislation. Information about Agents or students may be made available to Commonwealth and State agencies if required to provide the information by law.</li></ul>	



# Document Checklist

Document Title	Yes	No
Complete Agent Application Form	<input type="checkbox"/>	<input type="checkbox"/>
Business Profile	<input type="checkbox"/>	<input type="checkbox"/>
ABN Registration	<input type="checkbox"/>	<input type="checkbox"/>
2 Referee Details (preferably education institute from past 2 years)	<input type="checkbox"/>	<input type="checkbox"/>
Statement from the Director of Business on how they plan to promote courses of Study of Australian Technologies and Healthcare Education	<input type="checkbox"/>	<input type="checkbox"/>

Please return this form along with supporting evidence to:

**Study of Australian Technologies and Healthcare Education** at the below address:

Unit 70 / 269 Wickham Street, Fortitude Valley 4006 Qld

**Campus Address:** Unit 70 / 269 Wickham Street, Fortitude Valley 4006 Qld

**Email:** [admin@satheducation.com.au](mailto:admin@satheducation.com.au)