

Please Note:

Kindly complete this form and send it back to us via email, along with the necessary supporting documents such as company registration certificates and a company profile.

The processing of the Education Agent Agreement and Education Agent Certificate may take up to two weeks from the date of submission.

Company Information

Company Legal Entity:	
Company Trading Name:	
Australian Business Number (if applicable):	
Australian Migration Agency Number (if applicable):	
Company Postal Address:	
City/Suburb	
Postcode:	
Country (if Australia)	
Director(s) / CEO Name(s):	

Main Office Contact Details

Contact Name(s):	
Phone:	
Fax:	



Mobile	e:	
Email:		
Websi	te:	
Ager	nt Details	
1.	How long has you	r business been operating?
2.	List two institutio	ons you are currently representing in Australia:
3.	Key Business Acti	vities (List):
4.	Number of stude	nts sent to Australia per year:
5.	Number of staff:	
6.	Services provided	to students:
7	Have you or your	staff completed EATC Training? (Education Agent Training Course EATC)

Redford Institute of Vocational Studies



Yes	0				
if Yes, Name of Staff					
Member of Associations:					
Number of Office Locations:					
How do you promote Australian In	ternational education and how will y	ou promote our Institute?			
Onshore	Offshore				
Countries/Regions covered by your	agency:				
Projected number of students you	plan to send in the next six months?				
Agent's Employees In	volved in Educational	Counselling			
Name	Email Address	Migration Agent Registration No. (if applicable)			

References (Minimum 2 Required)



Reference 1		Reference 2	
Contact Name:		Contact Name:	
Organisation: Email:		Organisation: Email:	
eclaration			
onest and professional man	ner. I agree to:	onal Studies as an education agent and agree to do so in an	
		on the Department of Home Affairs (DHA) website.	
 Regularly monitor 	policies and regulations as reporte	ed on the Department of Education website.	
 Regularly monitor processity Relations website. 	policies and regulations as reporte	ed on the Department of Employment and Workplace	
I have read the Nat	ional Code of Practice for Registr	ation Authorities and Providers of Education and Training to	
Overseas Students	and agree to adhere to the releva	ant standardS.	
Signature:			
Signature: Name Role		Date:	
Name		Date:	

Please forward a copy of your Business Profile along with this Education Agent Application Form



Office Use Only

Application Accepted: No