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INTERNATIONAL STUDENT AGENT APPLICATION FORM

Thank you for your interest in becoming our agent that provides services for recruitment of prospective international students.

Before applying, you should be familiar with the following:

1. Education Services for Overseas Students Act 2000.
2. National Code of Practice for Registered Authorities and Provision of Education and Training for Overseas Students (The National Code 2007).
3. The ASC International Website (www.ascinternational.wa.edu.au).

You can find useful information from the following links:

- The Australian Government Department of Immigration and Border Protection (DIBP) website (www.immi.gov.au)
- The Australian Government Department Education and Training website (<https://internationaleducation.gov.au/regulatory-information/pages/regulatoryinformation.aspx>)

How to apply:

1. Please complete this form.
2. Provide the following documents:
 - a. A certified copy of business registration
 - b. A company profile
3. Send the application form and supporting documents to the following email: admissions@asc.wa.edu.au.
4. Please keep a copy of this application for your reference.

Contact Details:

- Please ensure that your business contact details with us are updated at all times when there are any changes.
- Once you are appointed as our agent, we will inform the relevant authorities that we have a third party agreement with your business and we will disclose your contact details on our website.

Please complete using CAPITAL/BLOCK LETTERS and circle the relevant option.

AGENT DETAILS

Primary Contact Name:	
Company Name:	
Trading Name:	
Business Address:	
Telephone:	
Fax:	
Mobile:	
Email:	
Website:	
Postal Address:	
Australian Business Number (ABN) if registered in Australia	

COMPANY EXPERIENCE AS AN EDUCATIONAL AGENT

Operating more than 2 years: Yes No

Completion of PIER Agent Accreditation Program (<http://www.pieronline.org/agents/online-training>): Yes No

If yes, please provide PIER accreditation _____ number:

Do you refer students to any other Schools, Colleges or Universities in Australia? Yes No

If Yes, please provide us at least 2 (Two) names of the Education Providers and Contact persons details below:

Details	Provider 1	Provider 2
Provider Name		
Contact		
Position		
Telephone		
Mobile		
Email		

Note – ASC International may contact the above providers and contact person for reference purposes only.

DESCRIPTION OF POTENTIAL MARKET

Which countries are your potential markets?

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Please advise on the numbers you currently send to Australia for the following sectors.

HIGH SCHOOL PROGRAMS	
ENGLISH LANGUAGE COURSES	
UNIVERSITY FOUNDATION	

Please use the space provided below to include any other information you consider to be of importance to this application

SUPPORTING DOCUMENTATION

I provide the following information in support of this application

- Business Registration Certificate
- Corporate Profile
- List of addresses and contact details of ALL offices operating under the company name (or trading name if applicable)
- Other, please specify _____

Privacy Statement

The information collected in this form is for the purpose of processing your application with ASC International. The information will be held by ASC International in accordance with its Privacy Policy and Procedures and may be accessed and used by people employed/ engaged by ASC International.

The information may be made available to government departments and agencies including the Australian Skills Quality Authority (ASQA) and the Department of Education Services Western Australia (DES) in relation to ASC International's obligations under law including the Education Services to Overseas Students (ESOS) Act 2000 (Cth), the National Code 2007. For more information in relation to how agents' information may be used or disclosed please access the Privacy Policy at: http://www.asc.wa.edu.au/privacy_policy.html.

Declaration

I declare that the information provided by me in this Application Form is correct.

AGENT SIGNATURE _____

AGENT FULL NAME _____

DATE _____

OFFICE USE ONLY				
Item	Supplied	Verified	Approved	
Evidence of Business registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
References	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any other: (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Agent Application approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Approved by:	
Name:	Position:
Signature:	Date: