Agents Application form for overseas student counselling and recruitment assistance

Please complete the form using the grey fields below, print and sign and forward ACE a copy of your application. Please ensure ALL fields are complete and at least 2 referees have been noted.

Agent’s Business Name: ______

ABN No. (If Available): ______ MARA Code: ______

**Head Office Contact Details:**

<table>
<thead>
<tr>
<th>Contact Name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Company Postal Address:</td>
</tr>
</tbody>
</table>

**About Agency:**

Years in education consultancy:

Number of Students sent to Australia last year and this year until now:

Primary Business:

Services Provided to Students:

Number of student Counselling staff:

Member of Associations:

Have you worked in conjunction with another agent previously?

- [ ] Yes
- [ ] No

If Yes, what is the name of that agency?

**Please Tick the Market(s) you represent:**

- [ ] India
- [ ] Mauritius
- [ ] Singapore
- [ ] South Korea
- [ ] China
- [ ] Oman
- [ ] Taiwan
- [ ] Bangladesh
- [ ] Pakistan
- [ ] Qatar
- [ ] Malaysia
- [ ] Indonesia
- [ ] Sri Lanka
- [ ] Kuwait
- [ ] Dubai
- [ ] Saudi Arabia
- [ ] Hong Kong
- [ ] Oman
- [ ] Brazil
- [ ] Bahrain
- [ ] Nepal
- [ ] Afghanistan
- [ ] UAE
- [ ] Vietnam
Other(s): _____

Referee 1
List two referees from Educational Institutes that your Agency represents. One referee must be from an Educational Institute in Australia.

<table>
<thead>
<tr>
<th>Contact Name(s):</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

Referee 2

<table>
<thead>
<tr>
<th>Contact Name(s):</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
<td>Phone:</td>
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<tr>
<td>Email:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Address:</td>
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</tr>
</tbody>
</table>

Please list other offices that operate under your Agency’s name: (Please attach another sheet if required).

Other Branches Details

<table>
<thead>
<tr>
<th>Branch Name:</th>
<th>Contact Name(s):</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Email:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td>Fax:</td>
</tr>
<tr>
<td></td>
<td>Company:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address (postal):</td>
<td></td>
</tr>
</tbody>
</table>

ESOS Mandatory Supporting Documents - Please tick documents you have provided with this application:

- Education Agent Training Course (EATC): http://eatc.com/ or
- Education Agent Training Course (EATC): http://www.pieronline.org/agents/online-training

DECLARATION: I am interested in representing Australian Careers Education Pty Ltd (ACE) as an Education Agent and I agree to do so in an honest and professional manner.

Signature: __________________________ Date: __/__/______

Please forward completed application to:

Australian Careers Education Pty Ltd  Post: 347-351 Victoria Street,
Fax: +61 3 9380 1811  Brunswick East, Victoria,
Email: info@ace.vic.edu.au  Australia, 3056