

Company Details and Background	
Company / Business Name:	
Trading name (if different from Company name)	
Company/ Business Registration Number:	
Years Established:	
Name of Director/ CEO:	
Town and Country of Company/ Business Registration:	
Business Address	
Phone:	
Email:	
Website:	
Please describe your business activities	
Number of staff:	
Number of international offices:	
Locations of International Offices:	
Director and Employee Details	
Person 1	
Name:	
Position:	
Qualifications and previous experience:	
Membership of education agent professional bodies:	

Person 2 (if any)	
Name:	
Position:	
Qualifications and previous experience:	
Membership of education agent professional bodies:	
Potential Markets and Services to be Provided	
What are your target markets?	
What marketing strategies will you use to promote our courses?	

Please outline any support services that you offer prospective students.

Do you charge students any fees for your service? If YES, please provide details of the services and relevant fee for each.

Agency Performance and Compliance

How many Australian education institutions are you currently representing?

How many students have you referred to Australian educational institutions in the past 2 years?

Please briefly outline how you and your organisation will fulfil your responsibilities as an education agent as required by the National Code 2017. Please attach additional information such as company flyers etc. if required.

Have you or any of your staff completed the Education Agents Training Course (EATC) available through 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 and National Code?

Yes No

Do you regularly monitor the Australian Department of Immigration and Citizenship (DIAC) website (www.immi.gov.au) and the Department of Education

Yes No

Are you willing to comply with the requirements of Medicus College regarding advertising, course materials and application procedures, and provide accurate information to students?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prepared to use the marketing materials provided by Medicus College to promote our courses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information	
Please provide any other information that you think will support your application.	
References	
Please provide details of at least 3 Australian educational institutes that we can contact for a reference.	
Institution 1	
Name of Institution	
Contact Person	
Position	
Phone Number	
Email Address	
Dates when you worked with them	
Institution 2	
Name of Institution	
Contact Person	
Position	
Phone Number	
Email Address	
Dates when you worked with them	
Declaration	
<p><i>I acknowledge that approval of this application is conditional upon my company entering into an agreement with VIT in accordance with the National Code 2007 and ESOS Act 2000. I confirm that the answers and details provided are true and accurate to the best of my knowledge. I authorize Medicus College to contact the referees to collect any information as required from time to time.</i></p> <p><i>Privacy Statement: All information collected, used or disclosed by Medicus College is confidential and is protected by the Privacy Act 1988 and other relevant legislation. Medicus College policy is outlined in the Information Privacy Policy available from our website. Information about Agents or students may be made available to Commonwealth and State agencies if required to provide the information by law</i></p>	

Attachments comments needs to be added:

Please ensure the following supporting documents have been attached – Business Profile and Copy of Business Registration Certificate (ABN/ACN) as issued by the relevant government department in your country. Failure to supply these two required documents will result in delay of the application being processed Supporting document attachments (maximum size 10MB) should be in any one of these formats: .doc; .docx; .pdf; .jpeg; .png; .rtf; .txt; .gif

- Certified copy of Business Registration*
- Company Profile/Business Plan including annual marketing initiatives*
- Qualified QEAC counsellor if applicable(Certificate of Attainment/s)

Signature: <input type="text"/>	Date: / /
Printed Name: <input type="text"/>	

Please return this form along with supporting evidence to Medicus College at the below email address.

Email : marketing@medicus.edu.au