



AGENT APPLICATION

Use this form to apply to become an agent with Skills Institute Australia (SIA)

| | |
|---------------------|--|
| Date of application | |
|---------------------|--|

Agent details

| | |
|---|--|
| Agent / Agency name | |
| Trading name | |
| Registration number | |
| Registration authority | |
| Business address | |
| Postal address (or "As above") | |
| Phone Include national/ local area codes | |
| Alternative phone Include national/ local area codes | |
| Email The primary business email address | |

Business activities

| | |
|---|--|
| Business activities A brief description of the main activities of the business | |
| Professional associations Your memberships in professional associations | |

Skilled Services Australia Pty Ltd t/a Skills Institute Australia

RTO 32473 CRICOS 03328G ABN 34 150 413 219

E-mail: enrol@skills.qld.edu.au website: www.skills.qld.edu.au

Head Office & Brisbane campus: 3431 Pacific Hwy, Slacks Creek QLD 4127, Ph. 07 3208 3182

Perth campus: 247 James St, Northbridge, WA 6003, Ph 08 9228 8542



| | |
|--|--|
| Recruitment training Describe specific international recruitment training undertaken | |
| Years in operation | |
| Number of referrals How many students did you refer to these institutions in the last three (3) years? | High schools ELICOS schools TAFE Universities |
| Other institutions represented | |

Staff

| | |
|---|--|
| Director (Name & position) | |
| Director background List the director's background, qualifications and experience | |
| Number of staff | |
| Key staff 1 (Name & position) | |
| Key staff 1 background Background, qualifications and experience | |
| Key staff 2 (Name & position) | |
| Key staff 2 background Background, qualifications and experience | |

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Responsibilities

| | | |
|---|-----|----|
| Do you regularly monitor the Australian Government Department of Immigration website? | YES | NO |
| Do you regularly monitor the Australian Government Department of Education website? | YES | NO |
| Have you read and understood the National Code of Practice for providers of education to overseas students? | YES | NO |
| In the space below, list the main responsibilities of agents under the National Code | | |
| | | |
| How will you comply with these responsibilities? | | |
| | | |
| Student purpose: Do you understand that students coming to Australia on a student visa must have a primary purpose of studying and must study full time? | YES | NO |
| Institutional co-operation: Are you prepared to comply with all requirements of the Institute about advertising and course material, application procedures and providing information to students? | YES | NO |
| Guarantees: Do you understand that you must not make any guarantees about achieving residential status in Australia, but that you can refer students to the Australian Home Affairs website? | YES | NO |
| Advertising: Are you prepared only to use material supplied by SIA to describe SIA and its courses? | YES | NO |

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Market

Please attach a separate sheet to answer the following questions as required.

| | |
|---|--|
| <p>Market area From which geographical area will your potential market come? Please describe any strengths you have in these regions to justify your choice.</p> | |
| <p>Characteristics Please describe the characteristics of your potential market (age, income, educational background, university networks, etc.)</p> | |
| <p>Areas of interest Which subject areas do you believe would be of interest to prospective students in your region or area? Why do you say this?</p> | |
| <p>Support services Please outline the support services you can offer to students</p> | |
| <p>Marketing strategy What do you believe is the most effective marketing strategy to employ in your particular area, region or market?</p> | |
| <p>Recruitment time What is the most suitable time of the year to conduct a marketing trip to your region or a visit to your office to recruit students?</p> | |

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Comments

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

Referees

| Referee 1 | |
|-----------|--|
| Name | |
| Company | |
| Phone | |
| Email | |
| Referee 2 | |
| Name | |
| Company | |
| Phone | |
| Email | |
| Referee 3 | |
| Name | |
| Company | |
| Phone | |
| Email | |

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Declaration

| | | |
|---|-----|----|
| Have you emailed your business documents and accreditation to Skills Institute Australia? | YES | NO |
| Do you wish to enter an agreement with Skills Institute Australia? | YES | NO |

| | |
|--------|--|
| Signed | |
| Date | |

SIA OFFICE USE ONLY

| | | Staff name | Signed | Date |
|----------|--------|------------|--------|------|
| Received | -- | | | |
| Verified | YES NO | | | |
| Approved | YES NO | | | |
| Notes | | | | |