

## Expression of Interest - Education Agent

Please complete this Expression of Interest Form.

Applications must also be accompanied by:  Copy of business registration  Evidence of the EATC ([www.pieronline.org](http://www.pieronline.org))

| Section A - Agent Details  |         |                                |                |               |
|--|---------|--------------------------------|----------------|---------------|
| Company Name:  |         | Date:                          |                |               |
| Trading as:  |         | Business Address:              |                |               |
| ABN:   |         | Year Established:              |                |               |
| Owner's Name:  |         | Gender:                        |                |               |
| Manager's Name:  |         | Gender:                        |                |               |
| Phone:   |         | Mobile:                        |                | Fax:          |
| Email Address:   |         |                                |                |               |
| Website:   |         | Number of Staff / Counsellors: |                |               |
| Number of students referred to Australian educational institutions over the past year:   |         |                                |                |               |
| High School:   | ELICOS: | TAFE.:                         | Undergraduate: | Postgraduate: |
| Please list any other Institutes you represent in Australia:   |         |                                |                |               |
|  |         |                                |                |               |
| Is your company involved in any other activities? <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |                                |                |               |
| If 'Yes' what other activities?  |         |                                |                |               |
| Are you accredited to act as an education agent in your country? <input type="checkbox"/> Yes <input type="checkbox"/> No  |         |                                |                |               |
| <i>(NOTE: applicants from the People's Republic of China must provide evidence that they hold a license to act as a registered agent, or that they have a contract with a registered license holder)</i> |         |                                |                |               |
| If 'Yes' please provide details:   |         |                                |                |               |
|  |         |                                |                |               |

## Expression of Interest - Education Agent

Please list any other Institutes you represent in Australia:

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 student?

Do you assist students while in Australia?

Yes       No      If "Yes", is this     Through an office in Australia or     Through an overseas office

### Section B - References

Please list the names of two (2) referees (Australian Schools) who can vouch for you and your company's standing and their contact details.

#### Reference (1):

|               |                 |
|---------------|-----------------|
| Company Name: | Contact Person: |
| Phone:        | Position:       |
| Email:        |                 |
| Address:      |                 |

#### Reference (2):

|               |                 |
|---------------|-----------------|
| Company Name: | Contact Person: |
| Phone:        | Position:       |
| Email:        |                 |
| Address:      |                 |

### Section C - Agent Bank Details

We also request you to complete your companies bank account details below into which you wish the commission payments to be made. (Please ensure you mention the same account details on the invoices raised later on). If there is any change in Bank Account details, please advise us in advance.

|                               |  |
|-------------------------------|--|
| Financial Institution Name:   |  |
| Bank Address:                 |  |
| Name of Bank Account:         |  |
| SWIFT Code:                   |  |
| BSB Code:                     |  |
| BSB Number (if applicable):   |  |
| Account Number:               |  |
| Intermediate Bank Name:       |  |
| Intermediate Bank SWIFT Code: |  |

## Expression of Interest - Education Agent

### Section D - Declaration

Please sign the declaration below:

1. I understand that Ashton College is not under any obligation to accept my application to act as an agent to recruit students on their behalf. I understand that if my application to become an agent of Ashton College is successful, I will be required to enter into and abide by a formal agency agreement.
2. I confirm that I have all the necessary registrations, accreditations and permissions to act as an education agent in all the territories which I have nominated, and understand that I must notify the College if any changes occur in the registration status of my agency.
3. I have read, understand and agree to abide by the terms and conditions of the Ashton's privacy policy.
4. I consent to Ashton College to contact any of the referees I have nominated.
5. I undertake that the above information provided in this application is a true and accurate record as to the operation of the educational agency I represent.

By returning this application to Ashton College, I agree to abide by the terms and conditions in the mentioned declaration.

### Address & Contact for notices

Ashton College  
Head Office: 213 Nicholson St, Footscray, VIC 3011  
P: + 61 3 93492344, 93492488  
Email: [info@ashtoncollege.edu.au](mailto:info@ashtoncollege.edu.au)  
Web: [www.ashtoncollege.edu.au](http://www.ashtoncollege.edu.au)

SIGNED for Agent/Company by an authorised officer:

|                               |  |       |  |
|-------------------------------|--|-------|--|
| Name of Officer / Agent:      |  |       |  |
| Signature of Officer / Agent: |  | Date: |  |

### OFFICE USE ONLY

|                                 |                                   |                                   |
|---------------------------------|-----------------------------------|-----------------------------------|
| Application Request:            | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined |
| Ashton College Staff Signature: |                                   | Date:                             |