www.aidt.edu.au
0411441061
admissions@aidt.edu.au

Education Agent Application Form

Company Details and Background

Company/Business Name:	
Trading Name:	
Type of Legal Entity:	
Registered in Australia:	☐ Yes ☐ No **If yes, please provide:** **ACN:** _____ **or** **ABN:** _____ **If no, please provide:** **Overseas Entity Registration Number:**
Years Established:	
Name of the CEO/ Director:	
Registerd Head Office Address:	
Business Address:	
Phone:	
Email:	
Website:	
Please describe your business activity:	
Number of Staff:	
Number of International Offices:	
Location(s) of International Offices:	

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Director and Employee Details

Person 1

Name:	
Position:	
Qualification of Previous Experiences:	
Membership of Education Agent Professional Bodies:	☐ Yes ☐ No **If yes, please provide:**

Person 2

Name:	
Position:	
Qualification of Previous Experiences:	
Membership of Education Agent Professional Bodies:	☐ Yes ☐ No **If yes, please provide:**

Person 3

Name:	
Position:	
Qualification of Previous Experiences:	
Membership of Education Agent Professional Bodies:	☐ Yes ☐ No **If yes, please provide:**

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Director and Employee Details

- **What are your target markets?**

- **What marketing strategies will you use to promote our course?**

- **Please outline any support services that you offer prospective students.**

- **Do you charge students any fees for your service?**

  ☐ Yes ☐ No

- **If yes, please provide details of the services and relevant fee for each:**

Agency Performance and Compliance

How many Australian training providers 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 2018. 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 check the Department of Home Affair's and the Department of Education website to get regular updates?	☐ Yes ☐ No
Are you willing to comply with the requirements of Aus tralian Institute of Digital Technology regarding adver tising, course materials and application procedures, and provide accurate information to students?	☐ Yes ☐ No
Are you prepared to use the marketing materials provided by Australian Institute of Digital Technology to promote our courses?	☐ Yes ☐ No

Agency Performance and Compliance

Please provide any other information you think will support your application

References

Please provide any other information you think will support your application.

Institution 1

Name of Institution:	
Contact Person:	
Position:	
Phone Number:	
Email:	
Date of Your Employment:	**Start:** **End:**

Institution 2

Name of Institution:	
Contact Person:	
Position:	
Phone Number:	
Email:	
Date of Your Employment:	**Start:** **End:**

Institution 3

Name of Institution:	
Contact Person:	
Position:	
Phone Number:	
Email:	
Date of Your Employment:	**Start:** **End:**

Declaration

In signing this agreement, you declare that

- **You have read and understood the extract from the ESOS Act 2000 Obligations of Agents.**
- **The answers and details provided in this application are true, accurate and complete.**
- **Australian Institute of Digital Technology is authorized to contact the referees listed to collect information about my conduct and services.**
- **You acknowledge and agree to the privacy statement provided below.**

Privacy Statement

All information collected, used or disclosed by Australian Institute of Digital Technology is confidential and protected by the Privacy and Data Protection Act 2014 and other relevant legislation. The Australian Institute of Digital Technology Privacy Policy is available from our website. Australian Institute of Digital Technology may provide information about or students to Commonwealth and State agencies as required by law.

Name: _____

Signature: _____

Date: _____

Please return this form and the supporting evidence to the Australian Institute of Digital Technology office representative.