



**COMPANY DETAILS**

Trading Name \_\_\_\_\_

Company Name \_\_\_\_\_

ABN \_\_\_\_\_ GST Registered Yes No

Registration Date / / \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary Email \_\_\_\_\_

Website \_\_\_\_\_

**COMPANY KEY CONTACTS** (Please attach separate list if require)

**MAIN CONTACT PERSON** (List the main contact person for your organisation)

Title Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

**KEY CONTACTS** (List directors, managers, and other key contacts)

Title Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

**AFFILIATED OFFICE** (Please attach separate list if require)

Trading Name \_\_\_\_\_

Title Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

**BUSINESS BACKGROUND**

Do you have clear understanding if the National Code 2018 & ESOS Act 2000? YES No

Number of students recruited for Australia in the past 12 months  
 1-25  26-50  51-75  76-100  101-150  151+

**STUDENTS** (By State)

Percentage of students recruited for Australia (Past 12 months)  
NSW % QLD % VIC % WA % Other %

**STUDENTS** (By Sector)

ELICOS % VET %  
Higher Education % Other % Please specify

**STUDENTS** (By Nationality)

Which Nationalities do you mainly deal with?

Nationality 1	Percentage	%
Nationality 2	Percentage	%
Nationality 3	Percentage	%

**Services Provided**

Services provided to students

Student counselling  Visa application  English testing

Other - Please specify  Student support  Homestay

Pre-departure briefing services  OSHC

**CHECKLIST**

Documents Tick (if provided)

Australian Business Number (ABN)

Australian Company Number (ACN)

QEAC Certificate

MARA Certificate

(Only applicable if you provide migration services to the student)

**CURRENT AGREEMENTS**

Please list the names of the top 4 institutions (students recruited) you represent

1 \_\_\_\_\_ (VET)

2 \_\_\_\_\_ (VET)

3 \_\_\_\_\_ (VET)

4 \_\_\_\_\_ (VET)

**INDUSTRY REFEREE** (Please provide two referees)

Trading Name \_\_\_\_\_

Title Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Trading Name \_\_\_\_\_

Title Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**DECLARATION**

I certify that the details provided are true and accurate to the best of my knowledge and that I authorise Campbell Institute to approach my referees to obtain any information as required.

Signature of Applicant \_\_\_\_\_

Title Name \_\_\_\_\_

Position \_\_\_\_\_

Date / / \_\_\_\_\_

Please return completed Representative Application Form to:

**Campbell Institute**  
 Phone: 0422 092 884  
 Email: info@Campbellinstitute.edu.au  
 Website: www.Campbellinstitute.edu.au  
**Address:** Lower Ground 121 Queen Street Campbelltown NSW 2560

**OFFICE USE ONLY**

Date Received dd / mm / yyyy \_\_\_\_\_

Marketing Manager \_\_\_\_\_

Comments

References Checked  RTO Manager Updated

Agreement Issued