



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