



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