CAMPBELL INSTITUTE

Agent Application Form

www.campbellinstitute.edu.au

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: Level 1, 16 Good Street Granville NSW 2142

OFFICE USE ONLY

Date Received dd / mm / yyyy

Marketing Manager

Comments

☐ **References Checked** ☐ **RTO Manager Updated**

☐ **Agreement Issued**