International House Sydney City | Bondi Darwin | Melbourne



AGENT APPLICATION FORM

Handwritten forms will not be accepted

AGENCY DETAILS

| ABOUT | YOUR | STUDENTS | |
|-------|------|----------|--|
| | | | |

| Agency Name: | Number of STUDENTS placed by your Agency this past year: | | |
|--------------------------|--|---|--|
| Trading Name: | ELICOS: | | |
| ABN (if Australian): | | | |
| Tax Registered: □YES □NO | Teacher Training: | | |
| Address: | Other: | | |
| Unit/Street Nº/Name: | | | |
| City (suburb): | Nationality 1: | Percentage <u>%</u> | |
| Country: | Nationality 2: | Percentage% | |
| Postcode: | Nationality 3: | Percentage <u>%</u> | |
| Phone: | Others | | |
| Website: | Peak Season Months: | | |
| Total Number of Staff: | 🗌 Jan 🗆 Feb 🗆 Mar 🗆 Apr 🗆 May 🗆 |] Jun 🗆 Jul 🗆 Aug 🗆 Sep 🗆 Oct 🗆 Nov 🗆 Dec | |
| Vear of foundation: | | | |

SERVICES YOU PROVIDE

Please describe the services you provide for your students (bullet points are acceptable):

| STAFF CONTACT DETAILS | | | | | | | |
|--|--------------|----------|--------|-------|--|--|--|
| Main Contact | | | | | | | |
| First Name | Last Name | Position | Mobile | Email | | | |
| | | | | | | | |
| | Key Contacts | | | | | | |
| First Name | Last Name | Position | Mobile | Email | | | |
| | | | | | | | |
| | | | | | | | |
| | _ [| | | | | | |
| Other Contacts Do you want us to send news, promotions and marketing materials to other email addresses? | | | | | | | |

REFERENCES

| Please provide the names of at least two education institutions with whom you are registered and to whom you have sent students. | | | | | |
|--|----------------|-------|--|--|--|
| Institution | Contact Person | Email | | | |
| | | | | | |
| | | | | | |
| | | | | | |

We strongly recommend for all of our agents to successfully complete the online Education Agents Training Course (EATC) at http://eatc.com. If you already completed this, please send us a copy of your certificate. We also require all agent representatives of IH to have read and fully understand the requirements of the ESOS ACT and the National Code 2007.

RTO 91109 CRICOS Provider Code: 02623G

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