

AGENT APPLICATION FORM

Handwritten forms will not be accepted

AGENCY DETAILS

Agency Name: _____
 Trading Name: _____
 ABN (if Australian): _____
 Tax Registered: YES NO
 Address: _____
 Unit/Street N^o/Name: _____
 City (suburb): _____
 Country: _____
 Postcode: _____
 Phone: _____
 Website: _____
 Total Number of Staff: _____
 Year of foundation: _____

ABOUT YOUR STUDENTS

Number of STUDENTS placed by your Agency this past year:
 ELICOS: _____
 VET: _____
 Teacher Training: _____
 Other: _____
 Which Nationalities do you mainly work with?
 Nationality 1: _____ Percentage ____%
 Nationality 2: _____ Percentage ____%
 Nationality 3: _____ Percentage ____%
 Others _____
 Peak Season Months:
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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.