

Crown Institute of Business and Technology Pty Ltd ABN 86 116 018 412 National Provider No: 91371 CRICOS Provider Code: 02870D North Sydney Campus: 116 Pacific Highway North Sydney NSW 2060 P 02 9955 0488 F 02 9955 3888

Sydney CBD Campus: Level 5, 303 Pitt St Sydney NSW 2000 P 02 8959 6340 F 02 9955 3888

Sydney CBD Campus: Level 11, 307 Pitt St Sydney NSW 2000 P 02 8034 6431 Canberra Campus: Suite 1, Level 4, 40 Cameron Avenue, Belconnen, ACT 2617 P 02 6253 5184

## **EDUCATION AGENT APPLICATION FORM**

## **COMPANY DETAILS OF THE AGENCY**

Compa	pany Name:	ABN	
MARA	A (Migration Agent Registration Authority) Nu	mber (if applicable):	
Perma	nanent Address (Provide full address):		
Telephone:		Mobile:	
E-mail:	il:	Fax:	
Name	e of Director(s)		
STAFF	F QUALIFICATIONS AND TRAININGS		
1. 2. 3.	Registration Authority?  Yes (provide details)  No  Do you and your staff are member of any a	ssociations (Please mention)ed any of the following training programs:	
4.	4. How many counsellors does your company	employ?	
1. 2. 3.	Does your company provide travel assistan	ice? 🗆 Yes 🗀 No	
<i>J</i> .			
5. 6.	Since how long has your business been operating?  List institutions that you are currently representing in Australia:		
	a)		
	b)		
	c)		



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7.	Please provide two references: Institution 1:				
	Name of Institution:				
	Position: Tel: Email:				
	Institution 2:				
	Name of Institution:	Contac	t Person:		
	Position: Tel:	Email:			
8.	How do you promote international education	cation and how will you prom	ote our Institute?		
	CIBT				
9.	What is your projected number of stude	ents you plan to send in the ne	ext six months to?		
	a) Australia	b) CIBT			
10.	o. Please list the most popular courses you are currently promoting:				
11.	What courses do you feel would be popular to your prospective students?				
12.	What representation fee/commission w	ould you expect to receive? _			
Declard	<b>ation:</b> I am interested in representing CIBT as an ed declare that the above info	ducation agent and I agree to do so ormation I have provided is correct			
Name o	of the Director	Signature	Date:		
	SUPPORTING	DOCUMENTATION CHECKLIST			
	npany is required to complete this application fo				
	omplete information/documents listed below as s	upporting documents, your applicat	tion will not be processed.		
	Agent Application Form  Company registration details (including affixes	licenses and/or cortificator)			
	Copy of MARA (Migration Agent Registration		Fducation Agent Counselor Certificate		
	from PIER (Professional International Educatio				
Details of representation of other educational institutions					
	Business plan (preferred)				
	1 /				
	Details of office locations and facilities (head a				
	Details of student services and charges (attach	retund policy it applicable)			
	Proposed country representation				
	Signature on application form. Signature on application form				
	5.6. atal c on application form				

Please return this form along with above listed documents to anyone of the following address: Crown Institute of Business & Technology, Level 11, 307, Pitt Street Sydney, NSW 2000 or Level5, 303 Pitt Street, Sydney, NSW 2000 or 116 Pacific Highway, North Sydney, NSW 2060 or Suite 4, Level 4, 40 Cameron Avenue, Belconnen, ACT 2617 or email the signed copy to: <a href="mailto:info@cibt.nsw.edu.au">info@cibt.nsw.edu.au</a>