



Education Agent Application Form

Advith Education

Legal Name:	
Trading name	
Contact Name	
Position	
Telephone	
Email Address:	
Website:	
Postal Address:	
Business Registration Number/ABN:	
Australian Migration Agency Number (if applicable):	

Business background



Advith Education

425 Kiewa Street, Albury NSW

How long have you been in business?	
Main Countries of Operation:	
Names of agent's staff involved in recruiting students	
Nature of Business (e.g., student recruitment, career counselling):	
Professional affilia	tions and accreditations
Agent Qualification- MARA/QEAC-PIER	
Memberships (e.g., MIA, ISANA):	
Certifications (if any):	



Advith Education

Web: www.advith.edu.au

425 Kiewa Street, Albury NSW

Experience			
How long have you been recruiting students for Australian education providers?			
Have you worked with other RTOs/CRICOS providers?	☐ Yes ☐ No		
If yes, please list:			
Number of Students Referred to Australian Education Providers in the Last 12 Months:			
Do you have a comprehensive understanding of the requirements of the Education Services for Overseas Students Act 2000 and National Code 2018?			
Do you regularly monitor the Australian Department of Home Affairs website (https://www.homeaffairs.gov.au/) and the Department of Education and Training website (https://www.education.gov.au/)			







Are you willing to comply with the requirements of the Institute regarding advertising, course materials and application procedures, and provide accurate information to students?			No
Are you prepared to use the marketing materials provided by the Institute to promote our courses?			
References			
Provide details of tw	o referees (preferably education providers):		
Reference 1			
Referee Name:			
Organisation:			
Position:			
Email:	Contact No.		
Reference 2			
Referee Name:			
Organisation:			
Position:			
Email:	Contact No.		
Declaration			

Advith Education





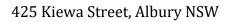
I, the undersigned, declare that:

- ♣ All the information provided in this application is accurate and true.
- I agree to adhere to the requirements and regulations set out by RTO and relevant Australian regulatory bodies, including ASQA and the ESOS Act (if applicable).
- **↓** I acknowledge and agree to the privacy statement provided below.

Privacy Statement: All information collected, used or disclosed by the Institute is confidential and is protected by the Privacy Act 1988 and other relevant legislation. The Institute's policy is outlined in Privacy Policy and Procedure available from our website. Information about Agents or students may be made available to Commonwealth and State agencies if required to provide the information by law.

Signature of Applicant:		
Full Name:		
Position:	Date	







Agent Qualification-MARA/QEAC		
	For office use only:	
	Application Approved: \square Yes \square No	
Thank you for completing the form.	Authorised officer Name:	
Please return this from via email to:	Authorised officer Signature:	
	Date://	