

AGENT APPLICATION FORM

This Application is for consideration to be appointed as an Approved Recruitment Agent of GeSS Education, in conjunction with the following Partner Institutions:



RTO Code 0095
CRICOS Code 00202A



RTO Code 2875
CRICOS Code 01854A



RTO Code 32155
CRICOS Code 03804F



RTO Code 41025
CRICOS Code 03571G



RTO Code 2875
CRICOS Code 01854A



RTO Code 40811



RTO Code 1826



RTO Code 32407



In order for GeSS Education to assess agents to represent them, and their Partner Institutions (as listed above), please complete this form as comprehensively as possible and return it to: marketing@gesseducation.edu.au

1. AGENT | COMPANY BACKGROUND

Agent | Company Name:

Head Office Address:

Phone:

Website:

Email:

Branch Office Details: *please use separate sheets if necessary*

Address:

Phone:

Website:

Email:

Address:

Phone:

Website:

Email:

Address:

Phone:

Website:

Email:

Address:

Phone:

Website:

Email:

Description of your core business:

What year did your company commence:

How many students referred to Australian educational institutions over the past 3 years:

How many students referred to other country educational institutions over the past 3 years:

Number of Staff – Head Office:

Number of Staff in Branch Offices (if applicable):

Which countries does your business recruit students from:

Please list any other Institute/Universities/Educational Institutions you are currently representing in Australia: *please use separate sheets if necessary*

2. DETAILS OF KEY DIRECTORS/EMPLOYEES

Name:

Position:

Background, qualifications and previous experience:

Name:

Position:

Background, qualifications and previous experience:

Name:

Position:

Background, qualifications and previous experience:

Please list all staff who have completed the PIER Online Course, Edvisor Academy Program, or similar Compliance Training Programs: *please use separate sheets if necessary.*

Name:	
Position:	
Date qualification awarded:	QEAC number/or other:

Name:	
Position:	
Date qualification awarded:	QEAC number/or other:

Name:	
Position:	
Date qualification awarded:	QEAC number/or other:

Name:	
Position:	
Date qualification awarded:	QEAC number/or other:

Name:	
Position:	
Date qualification awarded:	QEAC number/or other:

3. UNDERSTANDING OF COMPLYING WITH ESOS REQUIREMENTS

Have you read and understood the National Code of Practice for Providers of Education and Training to Overseas Students 2018?

Yes No

What fees do you charge for assisting students? *Please provide a list of amounts charged and the reason for charging them:*

Are you prepared to comply with all requirements of the Institutes about advertising and course materials, application procedures and providing information to students?

Yes No

Are you prepared only to use material supplied by the Institutes to describe the Institutes and its courses?

Yes No

4. REFEREES

Referee 1

Contact Name(s)

Position Organisation

Email:

Street Address

Country

Referee 2

Contact Name(s)

Position Organisation

Email:

Street Address

Country

Referee 3

Contact Name(s)

Position Organisation

Email:

Street Address

Country

Please attach separate sheets to provide any other information you consider to be of importance to this application.

5. PROPOSED AGREEMENT

Are you prepared to enter into an Agreement with GeSS Education and their Partner Institutions?

Yes No

Name:

Position:

Signature:

Date:

Witness Name:

Position:

Witness Signature:

Date:

**Please return this completed Agent Application Form,
along with any additional supporting documentation to:**

marketing@gesseducation.edu.au