



RTO Code: 46139 | CRICOS Code: 04217F

EDUCATION AGENT APPLICATION FORM



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Melbourne Institute of Australia Unit 8, Level 1, 1 Watton Street Werribee, VIC, 3030, Australia



EDUCATION AGENT APPLICATION FORM

Instructions:

- 1. This form should be completed by an education agent or its representative who wish to engage with and represent the Melbourne Institute of Australia.
- 2. Please email at info@mia.edu.au, the completed form along with the documents that supports your application.
- 3. Please ensure that you have read and understood Melbourne Institute of Australia Education Agent Policy and Procedure available on our website: www.mia.edu.au
- 4. For any queries regarding this matter, please email info@mia.edu.au

SECTION A: COMPANY DETAILS & BACKGROUND		
COMPANY NAME		
AUSTRALIAN BUSINESS NUMBER (ABN)		
AUSTRALIAN COMPANY NUMBER (ACN)		
OFFICE ADDRESS		
EMAIL		
WORK PHONE		
MOBILE		
REPRESENTATIVE FULL NAME		
REPRESENTATIVE POSITION		
MIGRATION AGENT REGISTRATION AUTHORITY NUMBER (MARN) / QEAC (if applicable)		

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NUMBER OF YEARS THE BUSINESS HAS BEEN PROVIDING ITS SE	ERVICES AS AN EDUCATION AGENT
NUMBER OF INTERNATIONAL STUDENTS RECRUITED FOR STUDY	Y IN AUSTRALIA IN LAST 3 YEARS
LIST OF THE INSTITUTION YOU ARE CURRENTLY REPRESENTING	IN AUSTRALIA
LIST THE COURSES YOU USUALLY PROMOTE	
LIST OF COUNTRIES YOU OPERATE IN	
WHAT SERVICES DO YOU PROVIDE TO THE INTERNATIONAL STU	DENTS?
DO YOU CHARGE STUDENTS ADDITIONAL FEES FOR THE ABOVE	SERVICES?
SECTION B:	REFEREE DETAILS
Please indicate two (2) referees from the Au	stralian educational institutions that you represent.
REFERENCE 1	REFERENCE 2
Organisation Name	Organisation Name
Contact Person	Contact Person
Position	Position
Address	Address
Mobile/phone	Mobile/phone
Email	Email

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SECTION C: CHECKLIST & DECLARATION

so please be as thorough as possible.
 □ Have you completed all relevant sections of this application form? □ Have you included in your application, a copy of your company profile? □ Have you provided your ABN, and Business Registration Documentation? □ Have you provided a copy of your professional or industry membership documentation?
☐ And other supporting document
AGENT'S DECLARATION
I agree to the personal information being: Recorded in PRISMS and sent to other regulatory bodies like ASQA. This may include my organisation details, representative name's, business email, phone number and office address. Accessed by the Australian Government Department of Education and Training, Department of Home Affairs and other Commonwealth agencies that access PRISMS. Used to administer or monitor compliance with the Commonwealth legislation e.g. Education Services for Overseas Students Act 2000, Migration Act 1958; and Disclosed by the Australian Government Department of Education and Training to other Australian Government entities (including, but not limited to ASQA), education institutions and to public. The Australian Government Department of Education and Training will share individual agents' performance to public as aggregated data (but will not identify agent – provider relationships). Agent-provider relationships will only be identified when data is shared with education providers and other Australian Government entities.
 I confirm that all the information provided to Melbourne Institute of Australia by me through this form and other means is true and correct. I also agree to the authenticity of the personal information that the Australian Government Department of Education and Training currently hold in PRISMS regarding myself and any other personal information that the department may collect in future being disclosed as described above. MIA is authorised to contact the referees listed to collect information about my conduct and services.
AGENT'S SIGNATURE:
AGENT'S NAME: DATE:

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