

Company Details and Background
Company / Business Name:
Trading name (if different from Company name)
Company/ Business Registration Number:
Years Established:
Name of Director/ CEO:
Town and Country of Company/ Business Registration:
Business Address
Phone:
Email:
Website:
Qualified Education Agent Counsellor Number (PIER):
Australian Migration Agency Number (MARA):
Please describe your business activities
Number of staff:
Number of offices:
Location of offices:
Director and Employee Details
<b>Person 1</b>
Name:
Position:
Qualifications and previous experience:

Membership of education agent professional bodies:

**Person 2**

Name:

Position:

Qualifications and previous experience:

Membership of education agent professional bodies:

**Person 3**

Name:

Position:

Qualifications and previous experience:

Membership of education agent professional bodies:

**Potential Markets and Services to be Provided**

What are your target markets?

What marketing strategies will you use to promote our courses?

Please outline any support services that you offer prospective students.

Do you charge students any fees for your service? If YES, please provide details of the services and relevant fee for each.

**Agency Performance and Compliance**

How many Australian education institutions are you currently representing?

How many students have you referred to Australian educational institutions in the past 2 years?

Please briefly outline how you and your organisation will fulfil your responsibilities as an education agent as required by the National Code 2018. Please attach additional information such as company flyers etc. if required.

Are you willing to comply with the requirements of Ei regarding advertising, course materials and application procedures, and provide accurate information to students?

Yes     No

Are you prepared to use the marketing materials provided by Ei to promote our courses?

Yes     No

**Additional Information e.g. ISANA Certificate**

Please provide any other information that you think will support your application.

**References**

Please provide details of at least 3 Australian educational institutes that we can contact for a reference.

**Institution 1**

Name of Institution

Contact Person

Position

Phone Number

Email Address

Dates when you worked with them

<b>Institution 2</b>
Name of Institution
Contact Person
Position
Phone Number
Email Address
Dates when you worked with them
<b>Institution 3</b>
Name of Institution
Contact Person
Position
Phone Number
Email Address
Dates when you worked with them
<b>Declaration</b>
<p>By signing this application form, I confirm that</p> <ul style="list-style-type: none"> <li>• All the details provided in this application are true, accurate and complete.</li> <li>• I confirm that I understand and will adhere to all the obligations of an educational agent as required by the ESOS Framework.</li> <li>• I will market Everest Institute with integrity and accuracy as outlined in the National Code of Practice 2018 (for Registration Authorities and Providers of Education and Training to Overseas Students) and ESOS (Education Services for Overseas Students Act) 2000.</li> <li>• I also confirm that I have not been convicted of engaging in dishonest or deceptive practices and my agreement has not been terminated by education provider.</li> <li>• Ei is authorised to contact the referees listed to collect information about my conduct and services.</li> <li>• I acknowledge and agree to the privacy statement provided below.</li> </ul> <p><b>Privacy Statement:</b> All information collected, used or disclosed by Ei is confidential and is protected by the Privacy Act 1988 and other relevant legislation. Ei policy is outlined in the Information Privacy Policy 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.</p>
Signature: _____ Date: / /
Name: _____

Please return this form along with supporting evidence to Everest Institute of Education (Ei) at the below address.

**Everest Institute of Education**  
**Email: [enquiries@everest.edu.au](mailto:enquiries@everest.edu.au)**  
**Postal Address:**  
**Everest Institute of Education**  
**366-370 Spencer Street, West Melbourne VIC 3003, Australia**

**OFFICE USE ONLY**

Form Received by \_\_\_\_\_ Date Received \_\_\_/\_\_\_/\_\_\_

Agent Reference conducted **Yes / No**

Reference conducted by \_\_\_\_\_

Circle - **Approved / Not Approved** By \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_  
(CEO Signature) (Date)

**If Approved**

Agent Offer & Agreement sent **Yes / No**

Agent Offer & Agreement sent by \_\_\_\_\_ Date sent \_\_\_/\_\_\_/\_\_\_

**If Not Approved**

Agent notified of the outcome **Yes / No**

Outcome letter sent by \_\_\_\_\_ Date sent \_\_\_/\_\_\_/\_\_\_

Documentation Filed in Agent File **Yes / No** Filed by \_\_\_\_\_