Agent Application Form

| Business Name: ____________________________ | Company Reg No: ___________ |
| Head Office Address: ____________________________ |

| Phone: ____________________ | Fax: ____________________ | Agent Stamp: ____________________ |
| Email: ____________________ | Web: ____________________ |

Company ABN/ACN (If applicable): ____________________

| Name of owner of company: ____________________ | Name of Chief Executive: ____________________ |

What is the primary purpose of your company (e.g. recruitment, travel, education)?

**Company experience as an educational institution representative organisation**

a) Operating more than 2 years: Yes [ ] No [ ] If yes, please specify: ____________________

b) Links with tertiary institutions: ____________________

**Company Profile, including your Certificate of Registration, main area/s of business, target markets, levels of education, etc.**

________________________
________________________
________________________

Please include the addresses of any branches other than your Head Office: (Please attach a separate list of full contact details of these offices if required.)

________________________
________________________
________________________

List the Universities you represent in Australia?

List the TAFEs you represent in Australia?

List the Private RTOs/Colleges you represent in Australia?
When an application is received by your organisation do you forward it:

☐ via the Head Office  OR  ☐ directly from the Branch Office

Please provide three referees from these institutions.

Name of institution: Referee's Name:
Job Title: E-mail:
Telephone: Mobile:

Name of institution: Referee's Name:
Job Title: E-mail:
Telephone: Mobile:

Name of institution: Referee’s Name:
Job Title: E-mail:
Telephone: Mobile:

Please provide a copy of your company registration documentation.

Agent Contact Details
Please nominate a staff member from your office to liaise with the College.

Name:____________________________
Phone Number:____________________ Fax number:____________________
Email:____________________________
Signature:________________________ Date:________________________

Please return this form to:

Marketing Manager
Australian National College Pty Ltd
Level 11, 55 Swanston Street
Melbourne, Victoria 3000, Australia
T: 1300 2 COLLEGE / 2655343
E: marketing@anc.vic.edu.au
W: www.anc.vic.edu.au