



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 Riverdale Institute.
2. Please email at info@riverdaleinstitute.edu.au, the completed form along with the documents that supports your application.
3. Please ensure that you have read and understood Riverdale Institute's Education Agent Policy and Procedure available on our website: www.riverdaleinstitute.edu.au.
4. For any queries regarding this matter, please email info@riverdaleinstitute.edu.au or call on 1800 902 480.

Section A: Company Details & Background

Company Name

Trading Name

Australian Business Number (ABN)

Australian Company Number (ACN)

Office Address

Email Address

Work Phone

Contact Number

Representative Full Name

Representative Position

Migration Agent Registration Authority Number (MARN) / QEAC (if applicable)

Number of years the business has been providing its services as an Education Agent

Number of International Students recruited for study 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 students?

Do you charge students additional fees for the above services?



Section B: Referee Details

Please indicate two (2) referees from the Australian educational institutions that you represent.

Reference 1

Organisation Name

Contact Person

Position

Full Address

Contact Number

Email Address

Reference 2

Organisation Name

Contact Person

Position

Full Address

Contact Number

Email Address

Section C: Checklist & Declaration

Checklist: Your application will be assessed on the quality of the supporting documentation you provide, so please be as thorough as possible.

| | |
|-----------------------|---|
| <input type="radio"/> | Have you completed all relevant sections of this application form? |
| <input type="radio"/> | Have you included in your application, a copy of your company profile? |
| <input type="radio"/> | Have you provided your ABN, and Business Registration Documentation? |
| <input type="radio"/> | Have you provided a copy of your professional or industry membership documentation? |
| <input type="radio"/> | And other supporting document |

Agent's Declaration

I understand and agree to the following:

- My personal information will be recorded in PRISMS and ASQAnet.
- My personal information will be sent to the regulatory bodies like ASQA and can be shared with Australian Government's Department of Education, the Department of Employment and Workplace Relations, Department of Home Affairs (DHA) and other Commonwealth agencies. The information may include but not limited to my organisation details, representative name's business email, phone number and office address.
- The information will be used to administer or monitor compliance with the Commonwealth legislation e.g. Education Services for Overseas Students Act 2000, ASQA's SRTOs 2015, ASQA's guidelines and Migration Act 1958.
- I acknowledge that the institute may be required by ASQA to furnish a fit and proper declaration regarding the agent responsible for recruiting students for the institute. I consent to collaborate with the institute in completing ASQA's fit and proper declaration, if necessary.
- I confirm that all the information provided to the Institute by me through this form and other means is true and correct.

Agent's Name:

Agent's Signature:

Date:

