Suite 102, Level 10, 420 Pitt Street, Haymarket NSW 2000

National Provider No: 46112 CRICOS No: 04206J



Application for consideration to be appointed as an Education Agent

Company Profile	
Company Details	
Company Name	
Street Address	
Postal Address	
Phone	
Web	
Fax	
Email	
Contact Officers	
Company Director/Principal	
Position	
Phone	
Email	
Company Background	
Business Registration (ABN) No.	
(if located in Australia)	
Business Registration Certificate (if located Offshore)	
Details of registering country and	
authority	
Business Profile/ Key Business Activities (List)	
Year founded	
Number of staff	
EATC Training (PIER Online)	
Number of offices (locations)	
Associations/ affiliations with other relevant organisations (List)	
Associations with any local	
authorities / governments /	
councils/etc. (List)	
Marketing	
Please indicate the geographical target market.	
Provide description of your target market, trends, demands etc	
Performance	

Institute of Business and Management NSW ACN: 633 864 892 | ABN: 78 633 864 892

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Proposed number of students ser to us in the next year.	nt
Service Fees and Charges	
What services do you provide fo students?	or
Please provide details of any fee you charge students.	S
Referees	
Educational Referees (1)	
Name	
Position	
Organisation	
Address	
Phone	
Email	
Educational Referees (2)	
Name	
Position	
Organisation	
Address	
Phone	
Email	
honest and professional manner I agree to:	you as an educational representative and I agree to do so in an er. cies and changes to the policies as reported on the DHA website.
	cies and regulations and changes to these policies and regulations as the training website.
	nal Code of Practice for Providers of Education and Training to 018 and agree to adhere to the relevant Standards.
Signed	
Name	Date
Organisation	Position