



Queensland Academy  
of Technology

## 2018 Agent Representative Application

This is to confirm that we will be interested in representing Queensland Academy of Technology courses to our potential students, and consideration as a formal representative.

**\*Please advise that completion of the form does not guarantee your company's appointment as a Queensland Academy of Technology representative agency.**

1. Company Detail	
Company Name:	
Company Address:	
Postal Address:	
Name of Director:	
Telephone Number:	
Fax Number:	
Email:	
Skype:	
2. Company Background	
ABN Number (If trading in Australia): *Offshore agent please provide local business registration evidence	
Business Profile / Marketing Plan:	YES (Please attach) / NO
EATC Training (PIER Online):	YES (Please attach) / NO
MARA Number:	
GST Registered:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Key Business Activities:	
Year Founded:	
Years as an Education Agent:	
Number of Branches:	
Number of Staff:	
Number of students successfully referred to Queensland Education Service Providers (Per Year):	University: _____ High School: _____ ELICOS: _____ VET: _____

<b>3. Marketing</b>	
Top 3 countries you recruit students from:	
Top 5 Institutions you send students to:	
Proposed number of students sent to us in the next year:	
What service do you provide for students?	
<b>4. Referees</b>	
<b>Please provide 2 education referees we can contact</b>	
Name:	
Position:	
Organisation:	
Address:	
Phone Number:	
Email:	
Name:	
Position:	
Organisation:	
Address:	
Phone Number:	
Email:	

## Declaration

I have no history nor excludable events that would prevent me from acting as agent.

I am interested in representing you as an educational representative and I agree to do so in an honest and professional manner. I agree to:

- Regularly monitor policies and changes to the policies as reported on the DHA website.
- I have read and understand the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students and agree to adhere to the relevant Standards.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 5. Check list:

Please provide following document.

- Business Name Certificate
- Certificate of incorporation
- Marketing Plan and Business Profile
- PIER Certificate

### For QAT Office use ONLY:

Action	Signature & Date
Received application from agent	
Generate Agent Code & Updated to TEAMS	
Issued agent Contract	
Issued agent Certificate (Email or Post)	