



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: _____

3. Marketing	
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?	
4. Referees	
Please provide 2 education referees we can contact	
Name:	
Position:	
Organization:	
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)	