

Company Details and Background				
Company/Business Name:				
Trading Name:				
Type of Legal Entity:				
Registered in Australia:	☐ Yes	□ No		
	If yes ple	ease provide:		
	ACN: _			
	or			
		ase provide:		
	Overse	as Entity Registration Number:		
				
Years Established:				
Name of CEO/Director:				
Registered Head Office Address:				
Business Address:				
243633 / 144. 633.				
Phone:				
Email:				
Website:				
Please describe your current business activities:				
			T	
Number of Staff:		Number of international offices:		
Location(s) of international offices				



Director and Employee Details				
Person 1				
Name:				
Position:				
Qualifications and previous experiences:				
Membership of education agent professional bodies:	☐ Yes ☐ No If yes please comment:			
Person 2				
Name:				
Position:				
Qualifications and previous experiences:				
Membership of education agent professional bodies:	☐ Yes ☐ No If yes please comment:			
Person 3				
Name:				
Position:				
Qualifications and previous experiences:				
Membership of education agent professional bodies:	☐ Yes ☐ No If yes please comment:			



Potential Markets and Services to be Provided What are your target markets? What marketing strategies will you use to promote our course? Please outline any support services that you offer prospective students? Do you charge students any fees for your service? ☐ Yes ☐ No If yes please provide details of the services and relevant fee for each:



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Agency Performance and Compliance				
How many Australians are you currently representing				
How many students have you referred to Australian educational institutions in the past 2 years?				
Please briefly outline how you and your organisation will fulfil your responsibilities as an education agent as required by the National Code 2007. Please attach additional information such as company flyers etc. if required.				
Have you or any of your staff completed the Education Agents Training Course (EATC) available through: www.pieronline.org	☐ Yes ☐ No If yes please list who has completed the course:			
Do you have a comprehensive understanding of the requirements of the ESOS Act and National Code?	☐ Yes ☐ No			
Do you regularly monitor the Australian Department of Immigration and Border Protection (DIBP) website (https://www.border.gov.au/) and the Department of Education?	☐ Yes ☐ No			
Are you willing to comply with the requirements of Kingston Academy regarding advertising, course materials and application procedures, and provide accurate information to students?	☐ Yes ☐ No			
Are you prepared to use the marketing materials provided by Kingston Academy to promote our courses?	☐ Yes ☐ No			
Additional Information				
Please provide any other information you think will support your application.				



References				
Please provide any other information you think will support your application.				
Institution 1				
Name of Institution:				
Contact Person:				
Position:				
Phone Number:				
Email:				
Dates of your employment:	Start:	End:		
Institution 2				
Name of Institution:				
Contact Person:				
Position:				
Phone Number:				
Email:				
Dates of your employment:	Start:	End:		
Institution 3				
Name of Institution:				
Contact Person:				
Position:				
Phone Number:				
Email:				
Dates of your employment:	Start:	End:		



Declaration

In signing this agreement, you declare that

- You have read and understood the extract from the ESOS Act 2000 Obligations of Agents.
- The answers and details provided in this application are true, accurate and complete.
- Kingston Academy is authorised to contact the referees listed to collect information about my conduct and services.
- You acknowledge and agree to the privacy statement provided below.

Privacy Statement: All information collected, used or disclosed by Kingston Academy is confidential and protected by the Privacy Act 2014 and other relevant legislation. The Kingston Academy Information Privacy Policy is available from our website. Kingston Academy may provide information about or students to Commonwealth and State agencies as required by law.

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Signature:	Date:	
Name:		

Please return this form and the supporting evidence to the Kingston Academy office representative.