Northwood International College

Education Agent Application Form

This application form is to be used to apply to become an authorised education agent for Northwood International College (NIC) for the purpose of recruiting international students to study at NIC

Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant options. AGENT DETAILS

AGENT DETAILS
Primary Contact

Title: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Other _____

First Name: _____ Family Name : _____

Agent Name: _____

Address of Principal Place of Business:

Address: _____

Suburb:_____State/Province/Region:_____

Post Code:_____ Country : _____

Address of Registered Office:
*(if the agent is a body corporate)*_____

Postal Address:
(if different from the address of
Principal or registered office) _____

Phone Number:_____ Email Address:_____

Website Address: _____

ABN: *(if any)* _____ ACN: *(if any)* _____

Trading Name: (if any) _____ Director Name: (if any)_____

Migration Agents' Registration Number:
*(If the agent is a registered migration agent)*_____

RTO Code: 46009 | CRICOS Code: 04125K
Email: ceo.northwoodcollege@gmail.com Ph: +61 499 356 444

Northwood International College

COMPANY EXPERIENCE AS AN EDUCATIONAL AGENT

Operating more than 2 years**:** ☐ Yes ☐ No

Migration Agent : ☐ Yes ☐ No

Do you refer students to any other Colleges or Universities in Australia? ☐ Yes ☐ No
If Yes, please provide us 2 (Two) names of the Education Providers and Contact persons details below:

Provider 1:
Provider Name: _____ Contact Person Name:_____

Position: _____ Telephone: _____

Mobile Phone: _____ Email: _____

Provider 2:
Provider Name: _____ Contact Person Name:_____

Position: _____ Telephone: _____

Mobile Phone: _____ Email: _____

If No, please provide us 2 (two) names of organisations you have worked with and the details of contact persons below:

Organisation 1:
Organisation Name: _____ Contact Person Name:_____

Position: _____ Telephone: _____

Mobile Phone: _____ Email Address: _____

Organisation 2:
Organisation Name: _____ Contact Person Name:_____

Position: _____ Telephone: _____

Mobile Phone: _____ Email Address: _____

Please note that the College may contact the above providers and contact persons for reference purposes.

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DESCRIPTION OF POTENTIAL MARKET

From which countries will your potential markets come? Please describe your strengths in these markets.

Please describe the characteristics of your potential markets (age, income, educational background, etc.) Please use additional sheets, if needed.

SERVICES OFFERED

Please outline the support services you can offer to students

What do you believe are the most effective marketing strategies for the potential markets.

Please use the space provided below to include any other information you consider to be of importance to this application

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SUPPORTING DOCUMENTATION:
I provide the following information in support of this application:

☐ Business Registration Certificate
☐ Accountants or Lawyers References
☐ Character References
☐ Other, please specify_____

Privacy Statement: The information collected in this form is for the purpose of processing your application with Northwood International College The information will be held by the College in accordance with its Privacy Policy and Procedures and may be accessed and used by people employed by the College. The information may be made available to government departments and agencies including the Australian Skills Quality Authority (ASQA) in relation to the College's obligations under law including the Education Services to Overseas Students (ESOS) Act 2000 (Cth) and the National Code 2018.	**Declaration:** I declare that the information provided by me in this Application Form is correct. Agent Signature:_____ Agent Full Name: _____ Date: _____/_____ /_____

FOR OFFICE USE ONLY

	Supplied (✓)	Verified (✓)	Approved by the College
Business Registration Certificate			
Migration Agent Registration Certificate *(if any)*			
Accountants or Lawyers References			
Character References			
Any Other: (Please specify)			

Agent's Application Approved: ☐ Yes ☐ No Comments:_____

Name of Approving Officer_____

Signature of Approving Officer:_____ Position Title: _____

Date: _____/_____ /_____

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