

Agent Representation Application Form

COMPANY CONTACT DETAILS

Company Name:	
Email:	Telephone:
Website:	ABN/ Registration No. (if overseas):
Company address: Number & Street Suburb/Town State Country	Postal address (if different from physical address): Postcode
Branch Office Locations:	

STAFF INFORMATION

Director's Name:	
Email:	Telephone:
Director's Background and Qualifications:	
Key Staff/ Consultants Details:	
Number of Staff:	

ADDITIONAL INFORMATION

Years in the education consulting business:	How did you find out about CCEB?
Main line of business/ services provided:	
Location and details of sub-contractors/ off-shore partners:	
What countries are your clients from:	
Number of students sent to Cairns per year:	Your average commission rate % ELICOS: VET:
Number of students sent to Australia per year:	Average weekly tuition fee offered to students \$AUD:
Services offered to students:	
Experiences in the industry:	
Membership associations:	
Are you a registered Migration Agent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have knowledge of the National Code? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have knowledge of the ESOS Act? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you completed an AEI training course? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please outline a marketing plan for the next 12 months (exhibitions, fairs, publications etc):	

REFEREES

Company Name 1:	
Contact Name:	Position:
Email:	Telephone:
Company Name 2:	
Contact Name:	Position:
Email:	Telephone:

DECLARATION

I am interested in representing CCEB and I agree to do so in an honest and professional manner.	
Signature:	Date: