

Business Details

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|---|--|
| Business Name: | |
| Director(s) Name(s): | |
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| | |
| Contact Name: | |
| Contact Mobile: | |
| Email Address: | |
| Website Address: | |
| ABN: | |
| Number of years in the Education Industry: | |
| Number of Staff (including Directors): | |

Business Contact Details

| | | |
|----------------------------------|-------------|--------------------|
| Office Phone Number: | | |
| Office Contact Name: | | |
| Business Address: | Number | |
| | Street Name | |
| | Suburb | |
| | State | |
| | Postcode | |
| | Country | |
| Postal Address: | Number | |
| | Street Name | |
| | Suburb | |
| | State | |
| Education Agent Application Form | | RTO Code: 45752 |
| Initial Release | | December 2020 |
| Version 1.1 | | December 2020 (DB) |

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|--|----------|--|
| | Postcode | |
| | Country | |

Business Information

Briefly describe your business's educational relationship with other Australian Education Providers.

Include information on:

- your primary education market (country),
- the VET student numbers per year enrolled through your business,
- which state(s) of Australia is /are your main / popular markets,
- the level of education at which students will enrol,
- most common (s) course(s) for enrolment,
- what types of education provider(s) best suit your student needs,
- and any other relevant information to support your application.

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Education Agent Information

Briefly describe your understanding and knowledge of the Australian Vocational Education Training (VET) sector in Australia and what information, compliance rules, regulations etc are important for you as an Education Agent to be familiar with to ensure accurate and current information is communicated to your clients.

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Education Agent Services

List the services that your business provides to your clients as an Education Agent.

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Academic Referee

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|-------------------------|--|
| Institution Name: | |
| Contact Name: | |
| Position: | |
| Contact Mobile / Phone: | |
| Email Address: | |

Business Referee

| | |
|-------------------------|--|
| Business Name: | |
| Contact Name: | |
| Position: | |
| Contact Mobile / Phone: | |
| Email Address: | |

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Application Evidence

Please tick and attach certified copies with this Application Form.

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| | Qualified Education Agent Counsellor Certificate |
| | Business Prospectus |
| | Business Register Certificate / Evidence |
| | Other applicable documents to support this Education Agent Application Form |

Declaration

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| | I have completed the Education Agent Application Form with all the information provided being accurate and complete and acknowledge that The Bright College may NOT consider this application if any information is found to be incorrect, false or misleading. |
| | By completing this form, I am giving The Bright College written consent to verify the information I have supplied and contact the referees if required. |

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|---|-------|
| Education Agent Contact Name: | |
| Contact Signature: (Double click on X to sign document) | _____ |
| Date: | |

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|----------------------------------|--------------------|---------------------|
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