

Application to become an Education Agent

Instructions

Please complete all sections of this form, sign it and send it to us with the following:

- Any additional documentation to support your application (e.g. resume, business registration certificate, references)
- Certified copy of your passport including a copy of your visa if currently available.

Business Details

Company or Business Name

ABN or Registration Number

Managing Director, Principal or Owner

First Name Middle Initial

Surname

Title: Mr. Mrs. Miss Ms. Dr. Other

Office Street Address

Telephone

Postcode:

Fax

Mobile

Email

Are you a Qualified Education Agent Counsellor?

Yes **If Yes, what is your Qualification Number?**

No

Bridging Your Future

Application to become an Education Agent

Area of Coverage

Which Countries or Regions do you wish to cover?

Referees

Please provide details of at least two contactable referees

Name:	
Phone:	Email:

Name:	
Phone:	Email:

Institutes / Universities

Please provide details of 4 institutes you represent

Agreement

In signing this form you agree:

- That the information provided on this form and in any attachments is true, accurate and complete.
- That you have read and understood ACFE's Information Privacy Policy and agree to its statements.
- That you have read a copy of ACFE's Agency Agreement
- To provide ACFE with up to date and accurate contact details and notify us if anything changes.

Applicant's Signature

Date

Printed Name

How to lodge this form

Please return this Form along with supporting documents to:

The Administrator
 Australian Centre of Further Education Pty Ltd
 Level 5, 341-345 Queen Street. Melbourne 3000 Australia
 Tel: +613 8600 8600 Fax : +613 9670 0454

Or email to: info@acfe.edu.au