



# APPLICATION FOR APPOINTMENT AS AN AGENT (EXPRESSION OF INTEREST)

PLEASE WRITE IN BLOCK LETTERS

Registered Business Name:	
Australian Business Number (if applicable):	
Contact person:	
Position in the	
Company:	
Overseas Business Addres	s (if applicable):
Durings Address in Australia	
Business Address in Austro	лна (15 аррисавіе):
Mailing Address:	
Telephone Number:	
Fax Number:	
Mobile Number:	
Email Address:	
Website:	
Other overseas Office Loca	ations (if applicable): Not sub-agents

Parramatta Campus

Suite 1, 191 Church Street Parramatta NSW 2150

Camellia Campus

Suite 2C L1, 1C Grand Avenue Camellia NSW 2142

International Students

info@stc.edu.au

mathematical

mathemat

1-800-STC-EDU (1800-782-338) (02) 8806 3939 | +61 466 666 913 **Domestic Students** 

info@signaturetraining.edu.au

(02) 8896 2036 | +61 452 232 813 +61 460 003 311





## **AGENT BACKGROUND AND EXPERIENCE**

Years in		
Business:		
Name of Directors:		
No. of international students recruited for study last in 12 months:		
No. of Students Recruited for VET Sector:		
No. of Students Recruited for University (Higher Edu) study:		
To which countries do you study?	send students for	
What is your projected number of students you plan to send to Australia in the next six months?		
List the most popular courses	s you promote now:	
From which countries do you wish to recruit students for Signature Training College?		
Which Australian and/or Ove do you Represent?	erseas institutions	
How much is your student s	ervice fee?	

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Does the above fee include Fee for an Australian Student Visa?					
Is your office fully resourced student recruitment Centers?					
(i.e. phone, fax, computer facilities, areas for speaking with potential students & displaying promotional material)					
What marketing strategies you plan to implement to ensure that above goals are met?					

### **REFEREES**

Please nominate 2 referees, including at least one from an Australia or from any Registered Training Organization

F	Referee 1	Referee 2
Last name:		Last Name:
First name:		First Name:
Position:		Position:
Company:		Company:
Address:		Address:
Phone:		Phone
Mobile:		Fax
Fax:		Mobile
Email:		Email
Comments:		Comments:

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#### **SUPPORTING EVIDENCE - DOCUMENT CHECKLIST**

(to be attached with Agent Application form, as applicable to your business country)

- Completed Agent Application Form with relevant information.
- Certificate of registration of business name or company.
- Any evidence of business structure or business profile.
- Any evidence of previous business history and success rate like Institute/ University representations.
- Proof of professional membership e.g. Migration Agents Registration Authority (MARA), Certificate of PIER (QEAC) etc.
- References from existing Australian institutional partners.

Agent Name		
Signature	Date	

Please send your completed form and supporting evidence documents to:

#### **Signature Training College**

Address: Suite 1, Level 1, 191 Church Street, Parramatta, NSW 2150 Suite 2C, Level 1, 1C Grand Avenue, Camellia, NSW 2142

Telephone Number: 1800-STC-EDU (1800-782-338) | 02 8806 3939 | +61 466 666 913

Email: marketing@stc.edu.au