Leaders Institute Pty Ltd T/A Leaders Institute

CRICOS Code: 03732F



## **Education Agent Application Form**

Details				
Date:				
Name:				
Legal Entity:				
Trading Name:				
Business Number:				
Address:				
Phone:		Fax:		
Email:		Website:		
Section 1: Company De	scription			
Please provide a descri	ption of your company:			
Section 2: Key Personnel				
Please provide an overview of the key personnel within your company: (Attach additional pages as required)				
Name:		Position:		
Background				
Name:		Position:		

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Background			
Section 3: General			
Are you an authorised a	agent or member of an agent's assoc	iation?	
What services do you p	rovide or intend to provide to prospo	ective students?	
What are your Fees and	d Charges?		
Section 4: Referees			
Please provide 2 refere	es:		
Referee 1			
Name:			
Address:			
Phone:		Fax:	
Email:		Website:	

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Referee 2				
Name:				
Address:				
Phone:	Fax:			
Email:	Website			
Section 5: Company Portfolio				
Which Universities/ Colleges/Institutes do you currently r	epresent in Australia?	_	_	
Name of institution	What year did you start representing the institution?	Total number of students referred.		nts
		2016	2017	2018
1 2				
3				
4 5				
6				
7				
8 9				
10				
DECLARATION				
Iunderstood the extract from the ESOS Act 2018 – Obligation this application are true and accurate to the best of respectively.	ons of Agents and that may knowledge and I au		and detai	ls provided
referees to collect any information or details as the Institu	ite may require.			
Signature:				
Date:				
Position:				

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Office Use Only					
Authorisation for Processing					
Action to be taken:	APPROVED		DENIED		
Date Effective:		·			
Comments:					
Signed:	Pos	sition:			
Print Name:	Da	te Processed:			

Leaders Institute Pty Ltd T/A Leaders Institute

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