



# APPLICATION TO BECOME AN AGENT FOR TOP EDUCATION INSTITUTE

**Top Education Institute** | Sydney City School of Law | Sydney City School of Business  
CRICOS Code: 02491D | TEQSA PRV: 12059

*Read this application carefully. All sections must be completed. Please complete this form and return electronically to the Marketing Team at [info@top.edu.au](mailto:info@top.edu.au). Applications that are incomplete will not be assessed.*

*Write in BLOCK LETTERS using a blue or black pen. Indicate with "N/A" where questions are not applicable.*

<b>1. Agent Information</b>			
<b>1.1</b> Name of Agency:			
<b>1.2</b> In which year did your company first start operations as an education agent?	Year:		
<b>1.3</b> Is your Company involved in any other activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If <i>Yes</i> , what other activities?		
<input type="checkbox"/> Immigration Consultancy <input type="checkbox"/> Careers Adviser <input type="checkbox"/> Education Institution <input type="checkbox"/> Other ( <i>please detail below</i> )			
<b>1.4</b> How many staff members are engaged in full-time education consultancy?	<input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10 or more		
<b>1.5</b> How many students did your company send overseas to study in the last year?	<input type="checkbox"/> 1-15 <input type="checkbox"/> 15-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-200 <input type="checkbox"/> 200 or more		
In reference to question <b>1.5</b> above, which are the main nationalities/citizenships of students recruited each year? (please list in descending student order)			
<b>Citizenship</b>	<b>Number of Students</b>	<b>Citizenship</b>	<b>Number of Students</b>
<b>1.6</b> How many educational institutions (colleges/schools/universities) does your company represent worldwide? ( <i>Those with formal contracts to recruit students</i> )			
<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-20 <input type="checkbox"/> 20 or more			
<b>1.7</b> Of those educational institutions mentioned in question <b>1.6</b> who do you consider you work most closely with? ( <i>note, the contact person must be willing to act as a referee</i> )			
<b>Institution 1</b>			
School/College/University			
State/Province			
Contact Person			
Daytime telephone during business hours			
Email address			
<b>Institution 2</b>			
School/College/University			
State/Province			
Contact Person			
Daytime telephone during business hours			
Email address			

<b>Institution 3</b>	
School/College/University	
State/Province	
Contact Person	
Daytime telephone during business hours	
Email address	
<b>1.8</b> For the above mentioned main institutions can you:	
Make offers to courses under delegation for any of these? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certify documents for any of these? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>1.9</b> Which schools/colleges/universities in Australia do you represent? (List a maximum of 5, but include all those you represent in the state of New South Wales).	
<b>School/College/University</b>	<b>Location within Australia</b>
<b>1.11</b> Are you presently acting as a subagent for an agent who holds a contract with Top Education Institute?	
<input type="checkbox"/> Yes (if yes, please provide details below) <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<b>1.12</b> Are you accredited to act as an education agent in your country?	
<i>(Please note: applicants from the People’s Republic of China must provide evidence that they hold a license to act as a registered agent, or that they have a contract with a registered license holder)</i>	
<input type="checkbox"/> Yes (if yes, please provide details below) <input type="checkbox"/> No	
<b>1.13</b> Have you ever been refused an agency agreement with Top Education Institute or has your agency agreement with Top Education Institute ever been terminated?	
<input type="checkbox"/> Yes (if yes, please provide details below) <input type="checkbox"/> No	
<b>1.14</b> What will Top Education Institute offer your clients that other institutions you represent <b>do not</b> offer?	
<b>1.15</b> If your application is successful how many students would you expect to enrol in your first year of representation? _____ No. of Students	
<b>1.16</b> What training and Educational Qualifications does your agency have?	
<input type="checkbox"/> Qualified Education Agent Counselors <input type="checkbox"/> Qualified Migration agent(s) <input type="checkbox"/> Certificate of accrediting body membership (i.e.AAERI, VIECA)	

Other (please provide details):

**2. Your Services to Institutions and Prospective Students**

2.1 Choose 1 of the following options below that briefly describes how your staff counsels and guides prospective students in choosing their path of study.

- We enrol a prospective student at the education institute of their choosing
- We present a prospective student with a range of options and counsel them into applying for a small number (maximum 3) of institutions.
- We work with key institutions we represent and counsel eligible students to enrol at these preferred institutions.

**Additional information:**

2.2 Does your counseling staff maintain contact with the student throughout the application process, up until the point of issue of the eCoE?  Yes  No

2.3.1 Do you assist your students with obtaining or extending their visa to study in Australia?  Yes  No

2.3.1 What is your visa success rate from visa application to visa grant? **Percentage:** %

2.4.1 Do you plan to apply for your students' visa under Streamlined Visa processing?  Yes  No

2.4.2 Do you understand the requirements of Streamlined Visa processing arrangements?  Yes  No

If No, please refer to <https://www.homeaffairs.gov.au/busi/visas-and-migration/education-providers/simplified-student-visa-framework>  
 If Yes, please list the Education Provider immigration risk level with Level ONE or Level TWO providers that you represent.


**3. Corporate Details**

3.1 Registered company name:

3.1.1 Trading name (if different from above):

3.2 Details of signatory for contracts

Title:  Mr  Miss  Ms  Other:

First Name:	Surname:	Other Given Name/s:
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Title of signatory for contracts (e.g. Managing Director):

Email of signatory/contact for confidential business matters:

3.3 ABN number of company (if requesting representation in Australia, or if the company is registered in Australia, please provide detail in 6.2)

3.4 Physical address to appear on contract (Please note: a PO box is not acceptable)

Street/Unit number:	Street name:	Suburb:
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State:	Postcode:	Country:
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Company website:

3.5 Address for business correspondence (if different from above)

Street/Unit number:	Street name:	Suburb:
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State:	Postcode:	Country:
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3.6 Contact details for student admissions

Telephone:	Mobile:
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Fax:	Email:
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Name/s and Title/s:		
Address for correspondence:		
3.7 Email address(es) for relevant staff members, i.e. those who handle student applications and should receive Agent Updates (newsletter of information about courses, admission and promotion). Please include full names, roles (eg. Student Counselor) and up-to-date email address.		
Name:	Role:	Email:

4. Coverage	
4.1. Which country (ies) and city (ies) will you recruit students from? (Include "Australia" if you wish to recruit students from within Australia, or you have an office with which the Institute will correspond)	
Country 1:	
For each country from which you wish to recruit students please provide full contact details of all offices in that country.	
City 1	
Trading name:	
Address:	
Telephone:	
Facsimile:	
Email:	
Website:	
Contact name:	
Relationship to your company:	
<input type="checkbox"/> Fully owned <input type="checkbox"/> Franchised <input type="checkbox"/> Sub agent <input type="checkbox"/> Other (please detail)	
City 2	
Trading name:	
Address:	
Telephone:	
Facsimile:	
Email:	
Website:	
Contact name:	
Country 2:	
For each country from which you wish to recruit students please provide full contact details of all offices in that country.	
City 1	
Trading name:	

Address:
Telephone:
Facsimile:
Email:
Website:
Contact name:
Relationship to your company: <input type="checkbox"/> Fully owned <input type="checkbox"/> Franchised <input type="checkbox"/> Sub agent <input type="checkbox"/> Other (please detail)
<b>City 2</b>
Trading name:
Address:
Telephone:
Facsimile:
Email:
Website:
Contact name:
<b>Country 3:</b>
<i>For each country from which you wish to recruit students please provide full contact details of all offices in that country.</i>
<b>City 1</b>
Trading name:
Address:
Telephone:
Facsimile:
Email:
Website:
Contact name:
Relationship to your company: <input type="checkbox"/> Fully owned <input type="checkbox"/> Franchised <input type="checkbox"/> Sub agent <input type="checkbox"/> Other (please detail)
<b>City 2</b>
Trading name:
Address:
Telephone:
Facsimile:
Email:
Website:
Contact name:
Relationship to your company: <input type="checkbox"/> Fully owned <input type="checkbox"/> Franchised <input type="checkbox"/> Sub agent <input type="checkbox"/> Other (please detail)

*If you have offices located in any more than two cities for each country, add a section for each additional city.  
If you want a contract for more than 3 countries, add a section for each additional country*

4.2 Which nationality(ies)/ citizenship(s) of students will you recruit?

<b>5. Is there any other information you wish to provide in support of your application?</b>

**6. Declaration**

*Please agree and sign the declaration below:*

- I understand that Top Education institute is not under any obligation to accept my application to act as an agent to recruit students on their behalf.
- I understand that if my application is successful I will be required to enter into and abide by a formal agency agreement.
- I confirm that I have all the necessary registrations, accreditations and permissions to act as an education agent in all the territories which I have nominated, and understand that I must notify Top Education institute if any changes occur in the registration status of my agency;
- I have read, understand and agree to abide by the terms and conditions of the TOP’s privacy policy as stipulated at: <http://www.top.edu.au/images/stories/policiesandprocedures/Administrative%20Policies/Privacy%20Policy.pdf>
- I consent to the Top Education institute contacting any of the referees I have nominated.
- I undertake that the above information provided in this application is a true and accurate record as to the operation of the educational agency I represent.
- By returning this application to Top Education institute (electronically) I agree to abide by the terms and conditions in the aforementioned declaration.

*Signed on behalf of the prospective agent*

Name:	Position:
Signature:	Date: / /