



AUSTRALIAN
ACADEMY of
COMMERCE
Explore. Learn. Achieve.

ABN. 97 107 328 478

CRICOS. 02599C

RTO. 90982

www.ausacademy.edu.au

AGENT APPLICATION FORM

Agent Details

Company Name: _____

ABN: _____

Agent Name: _____

Title: Mr Ms Other _____

Australian office address: _____

Email address: _____

Telephone: _____

Offshore office address (if applicable): _____

Email address: _____

Offshore Telephone: _____

Agent market: _____

How did you hear about our College? (please tick)

Friends/relatives

Embassy

Agent (name): _____

Website

Newspaper/magazine

Other:

Please provide the following supporting documents:

Business registration certificate

Company profile

QAEC or PIER certificate (if applicable)

Any relevant agent accreditations

At least two references from CRICOS provider

Conflict of Interest Declaration:

Have you ever had an education agent agreement terminated by another provider? Yes No If Yes, please explain _____

Are there any current or past complaints or investigations regarding your agency? Yes No If Yes, please explain _____

Do you or any of your staff have any current or potential conflicts of interest relating to AAC or student recruitment? Yes No

If Yes, please explain _____

Signature: _____

Date: _____

