



AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St
Melbourne, VIC 3000, Australia
Phone: +61 3 9639 9951 | Website: www.asli.vic.edu.au

CRICOS No: 03483G | RTO No : 40794

Agent Application Form

Legal name

Trading name

Physical address.....

.....

Australian Company Number (ACN) (if applicable):

Australian Business Number (ABN) (if applicable):

Australian Migration Agency Number (if applicable):

Postal address

.....

Telephone..... Faxemail.....

Website:

BUSINESS BACKGROUND

How long have you been in business?

Number of international students recruited for study in Australia each year:

List of other institutions you are currently representing in Australia:

.....

.....

List of countries you operate from:

.....

.....

List the courses you promote to enrol students into:

.....

.....

Names of agent's staff involved in recruiting students

.....

.....

Services provided to students (Please check in appropriate box)



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Student counselling Pre-departure briefing
Visa Application Follow up with parents

Other services (Please Specify):

Do you charge students additional fees for the above services? Yes No

How do you promote international education and how will you promote Australian Study Link Institute?

.....
.....
.....

Referees

Please indicate two referees from Australian educational institutions that you represent (one mandatory)

Reference 1

Organisation Name:

Contact Person:

Position:

Address:

.....
.....
.....

Telephone..... **Fax** **email**.....

Reference 2

Organisation Name:

Contact Person:

Position:

Address:

.....
.....
.....

Telephone..... **Fax** **email**.....

As our authorised agent we are responsible for your actions in marketing our courses and therefore we expect you to market them with integrity and accuracy as outlined in the National Code 2018 (National Code of Practice for Providers of Education and Training to Overseas Students 2018) and



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ESOS (Education Services for Overseas Students Act) 2000. Please confirm that you have read and understood this Act.

Name of agent

Agents signature Date.....

Required attachments (for RTO office use only)

Item	Supplied	Verified	Approved by RTO CEO
Evidence of business registration			
Accountants or lawyers' reference			
Character references			
Completed agent's agreement			