



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

Education Agent Application Form

RTO Connect Pty Ltd t/a Australian Study Link Institute and (hereby referred as ASLI)

Legal name

Trading name

Contact Name Position

Physical address

.....

Australian Company Number (ACN) (if applicable):

Australian Business Number (ABN) (if applicable):

Australian Migration Agency Number (if applicable):

Postal address

.....

Telephone Fax E-mail

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

.....

.....



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Services provided to students (Please check in appropriate box)

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

If yes, please specify the amount(s) and type(s) of fees charged:

How do you promote international education and how will you promote ASLI?

.....
.....

Referees

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

Reference 1

Organisation Name:

Contact Person:

Position:

Address:

.....

Telephone Fax E-mail

Reference 2

Organisation Name:

Contact Person:

Position:

Address:

.....

Telephone Fax E-mail

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

Education Agent Declaration: By signing this form, I declare that:

- I have read and understood the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (Standard 4 - Education Agents).



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- I will act honestly, responsibly, and in the best interests of students and ASLI.
- I will not make false or misleading claims, including guarantees of migration or employment outcomes.
- I will disclose to students all fees charged by my organisation for services provided.
- I consent to ASLI conducting a reference check prior to issuing an agreement.

Name of agent

Agent's signature Date

Requested attachments

Item	Attached For office use only:
Evidence of business registration-ABN/ACN	
Education Agent Qualification-MARA/QEAC	
Reference check	
Company Profile	

Please refer Managing Education Agent kit for guideline about this form.

Thank you for completing the form. Please return it to: Email: info@asli.vic.edu.au	For office use only:
	Application Approved: ☐ Yes ☐ No
	Authorised officer Name: _____
	Authorised officer Signature: _____ Date: __/__/__