CRICOS Code: 03595K | RTO Provider ID: 70252



Agent Application Form

Section 1 : Company Details						
Company Name						
Trading Name (if applicable)						
Contact Person			Position			
Primary Email (mandatory)						
Website						
Telephone			Mobile			
ABN (Australia Only)						
MARA/Overseas Agent ID:						
Company Registration Number						
Street Address			Suburb/City			
State		Country		Postcode/Zipcode		
Section 2: Agent Details						
Year founded		Number of sta	aff			
Please tick the sectors that you promote:						
English VET Higher Education Professional Year						
From which country/countries does he company primarily recruit students from?						
1)	2)		3)		
Name the top 3 schools you represent						
1)	2)		3			
Please list the popular courses amongst your students:						
1)	2)		3			
What is your estimate of the number of students your company could successfully refer to AHMI over the next year?						
Next 6 months:		Ne	ext 7 to 12 months:			
Is your main business Direct overseas student Local internationals						
Do you have offices or subagents overseas?						
Have you or your staff completed the EATC Training (PIER Online)? http://www.pieronline.org/eatc/ Yes No						
Are you prepared to regularly monitor Department of Home Affairs (DHA) website? https://www.homeaffairs.gov.au/ Yes No						

Australian Health and Management Institute

ABN 33 151 238 685

Head Office: 43 Marion Street, Parramatta NSW 2150 Australia
Ph: +61 (2) 9687 3323 Email: support@ahmi.edu.au Website: www.ahmi.edu.au

Agent Application Form V3 Oct 2020

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		onitor International Educatio	n Online website?	
		ov.au/Pages/default.aspx		
Yes	No			
-	•			ential status in Australia, however, you
		ebsite? https://www.homeaf	<u>tairs.gov.au/</u>	
Yes	No			
	•		•	t, pending, threatened or potential
		tive actions or other dispute	s?	
Yes	No			
_ · -	_	s coming to Australia on a stu	ıdent visa must have	a primary purpose of studying fulltime
Yes	No			
	• •		advertising and cours	se promotional material, application
procedures a	nd providing inform	nation to students?		
Yes	No			
How did you	hear about AHMI			
Section 3: R	eferences			
Reference	e 1			
Given Nar	me		Family Name	
Position			Institution	
Email			Mobile	
Reference	2		<u>-</u>	
Given Name			Family Name	
Position			Institution	
Email			Mobile	
I, to the best	Declaration of my knowledge. In the street of the street	authorise Australian Health a	•	nis application is true and accurate titute to contact my referees, to
Signatur	е			
Name:				
Position	:			
Date:				
documei	nts as AHMI's decision		I be based on the conte	se attach any relevant supporting ents of this Agent Application form, I reference checks.
Please a	attach the following Company profile	to the completed form:		
$\overline{\Box}$	Business Registrat	ion Documents		
	_	pporting documents		

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Please email application and documents to:

Email: marketing@ahmi.edu.au

Phone: +61 2 9687 3326

Section 4 : Office Use Only			
Reference check completed	☐ Yes ☐ No	Company Profile attached	Yes No
Outcome of application	☐ Approved ☐ Reje	cted	
Staff Name		Position	
Date		Signed	

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