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 (man	datory)								
Website									
Telephone						Mobile			
ABN (Australia Only)						•		
MARA/Overseas Ag	ent ID:								
Company Registrati	on Number								
Street Address						Suburb/City			
State			Country				Postcode/Zipcode		
Section 2: Agent D	etails								
Year founded Number of staff									
Please tick which co	ourses that you	promote:					•		
☐ English	☐ 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			3)				
What is your estima	What is your estimate of the number of students your company could successfully refer to AHMI over the next year?								
Next 6 months:	6 months:			Ne	xt 7 to 12 months:				
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: 87 Fennell Street, North Parramatta NSW 2151 Australia Email: marketing@ahmi.edu.au Website: www.ahmi.edu.au

Ph: +61 (2) 9687 3323

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https://internationaleducation.go	nitor international Education Online website? v.au/Pages/default.aspx	
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	t not make any guarantees about achieving resbite? https://www.homeaffairs.gov.au/	sidential status in Australia, nowever, you
	metps://www.nomeunans.gov.au/	
Yes No		
	al within the company ever been involved in p	ast, pending, threatened or potential
litigation, arbitration, administrat	ive actions or other disputes?	
Yes No		
Do you understand that students	coming to Australia on a student visa must ha	ve a primary purpose of studying fulltime?
Yes No		
Are you prepared to comply with	all requirements regarding advertising and co	urse promotional material, application
procedures and providing information	ation to students?	
Yes No		
How did you hear about AHMI		
Section 3: References		
Reference 1		
Given Name	Family Name	
Position	Institution	
Email	Mobile	
Reference 2		
Given Name	Family Name	
Position	Institution	
Email	Mobile	
Applicant Declaration		
	provided in this application is true and accurate	eto the best of my knowledge. I
authorise Australian Health an	d Management Institute to contact my referee	s, to collect information/details as
required.		
Signature		
Name:		
Position:		
Date:		

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Completion of this form does not result in automatic approval for appointment. Please attach any relevant supporting documents as AHMI's decision to offer an Agent Agreement will be based on the contents of this Agent Application form, the strategic alignment to market needs, the current representations in the region and reference checks.

Please attach the following to the completed form:						
	Company profile					
	Business Registration Documents					
	Other relevant supporting 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 C		Rejected			
Staff Name	_	•		Position		
Date				Signed		

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