

Education Agent Application Form

Please complete and FAX or EMAIL this form back to EAA with attention to:

Marketing Manager: 03 9654 3455, info@eaa.edu.au

| Business Name | | | |
|---|------------------------|-------------|-------|
| ABN/ACN (if applicable) | | | |
| Head Office Address | | | |
| Contact Person (1) | | | |
| Contact person (2) | | | |
| Principal Officer of your organisation | Name: | Designation | |
| | Contact Number: Email: | | |
| Phone | | Fax | |
| Email | | | |
| Website | | | |
| Referees (Please provide details of at least two contactable referees) | 1. | | |
| | 2. | | |
| Institutes/Universities (Please provide details of 4 institutes you represent) | 1. | 3. | |
| | 2. | 4. | |
| Company/Business Profile (<i>Please provide a brief introduction of your company/business</i>) Attach an official copy of your company/business | | | |
| profile | | | |
| Main Recruitment Markets or Regions | 1. | 3. | |
| | 2. | 4. | |
| Do you work with sub-age If yes, please provide | | Yes | D No |
| names and cities | 1. | 3. | |
| | 2. | 4. | |
| Signature | | | Date: |

Attach: Please attach a certified copy of your company/business registration and company profile with this form (Certificate of Registration)