



AXIAL INTERNATIONAL TECHNICAL COLLEGE

Agent Application Form

ABN: 15 077 405 442

Section 1: Contact and Company Information

CONTACT DETAILS

Title (Mrs/Mr/Ms/Miss/Dr): _____

Surname/family name in BLOCK CAPITALS: _____

First Name(s): _____

Company name: _____

Other trading name/s: _____

Street number and name: _____

City/suburb: _____

State: _____

Postcode: _____

Country: _____

Phone (area code + number): _____

Mobile number: _____

Fax (area code + number): _____

Email: _____

Website: _____

COMPANY DETAILS

Director's name: _____

Year established: _____ Number of staff: _____

Countries you send students to: _____

Number of students sent to Australia last year: _____

ELICOS: _____ VET: _____ Higher Ed.: _____

Section 2: References

First Australian institution that you have sent students to:

Institution name: _____

Website address: _____

Section 2 continued: References

Second Australian institution that you have sent students to:

Institution name: _____

Website address: _____

Section 3: Student Preferences

What do your clients want from a college? _____

Main course areas: _____

Location of campuses: _____

Number of students you expect to send to our college:

Business: _____ Engineering: _____

Section 4: Legislation and Acknowledgement

Are you familiar with the requirements of the ESOS Act and National Code 2007? Yes No

By completing this form you acknowledge that you will:

1. Ensure students are compliant with DIAC requirements (including English skills).
2. Maintain compliance with all ESOS requirements.
3. Conduct yourself in an ethical manner at all times when representing Axial.

Name: _____

Signature