

Agent Application Form

www.mcgill.edu.au

COMPANY DETAILS

Trading Name _____
 Company Name _____
 ABN _____ GST Registered ☐ Yes ☐ No
 Registration Date ____ / ____ / ____
 Street Address _____
 Postal Address _____
 Phone _____ Fax _____
 Primary Email _____
 Website _____

COMPANY KEY CONTACTS (Please attach separate list if require)

● MAIN CONTACT PERSON (List the main contact person for your organisation)

Title _____ Name _____
 Position _____
 Phone _____ Mobile _____
 Email _____

● KEY CONTACTS (List directors, managers, and other key contacts)

Title _____ Name _____
 Position _____
 Phone _____ Mobile _____
 Email _____

AFFILIATED OFFICE (Please attach separate list if require)

Trading Name _____
 Title _____ Name _____
 Position _____
 Address _____
 Phone _____ Fax _____
 Email _____
 Website _____

BUSINESS BACKGROUND

Do you have clear understanding if the National Code 2018 & ESOS Act 2000? ☐ Yes ☐ No

Number of students recruited for Australia in the past 12 months

☐ 1-25 ☐ 26-50 ☐ 51-75
☐ 76-100 ☐ 101-150 ☐ 151+

● STUDENTS (By Nationality)

Which Nationalities do you mainly deal with?

Nationality	Percentage	%
Nationality 1 _____	Percentage _____	% _____
Nationality 2 _____	Percentage _____	% _____
Nationality 3 _____	Percentage _____	% _____

● SERVICES PROVIDED TO STUDENT

☐ Student counselling ☐ Visa application ☐ English testing
☐ Other - Please specify _____ ☐ Student support ☐ Homestay
☐ Pre-departure briefing services ☐ OSHC

CHECKLIST

Documents	Tick (if provided)
Australian Business Number (ABN)	<input type="checkbox"/>
Australian Company Number (ACN)	<input type="checkbox"/>
QEAC Certificate	<input type="checkbox"/>
MARA Certificate	<input type="checkbox"/>

(Only applicable if you provide migration services to the student)

CURRENT AGREEMENTS

Please list the names of the top 2 institutions (students recruited) you represent

1 _____ (VET)
 2 _____ (VET)

INDUSTRY REFEREE (Please provide two referees)

Trading Name _____
 Title _____ Name _____
 Position _____
 Phone _____
 Email _____
 Trading Name _____
 Title _____ Name _____
 Position _____
 Phone _____
 Email _____

DECLARATION

I certify that the details provided are true and accurate to the best of my knowledge and that I authorise McGill Institute Australia to approach my referees to obtain any information as required.

Signature of Applicant _____
 Title _____ Name _____
 Position _____
 Date ____ / ____ / ____

Please return completed Agent Application Form to:



Phone: (+61) 2 96987318
 Email: marketing@mcgill.edu.au
 Website: www.mcgill.edu.au

Address: AC Central Building, S102, Level 1, 30 Cowper Street, Parramatta NSW 2150

OFFICE USE ONLY

Signing Officer _____
 Comments _____
☐ References Checked ☐ CRM Updated
☐ Agreement Issued
 Date Received (dd/mm/yyyy) ____ / ____ / ____