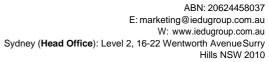




IEDU Group Education Agent Application Form

Please complete the following f	orm to become a registered Interna	ational Education Group agent of:
☐ SYDNEY METRO COLLEGE (RTO NO:	41204; CRICOS CODE: 03427D)	
☐ ASHLEY ENGLISH LANGUAGE INSTIT	TUTE (CRICOS CODE: 03680B)	
☐ ILEARN OZ (RTO ID 52791; CRICOS C	ODE: 03831C)	
I. COMPANY DETAILS AND E	PACKCBOTIND	
	SACKGROUND	
Legal Name:		
Trading Name (if different from Con	npany name) :	
Company / Business Registration N	lumber :	
Name of Director / CEO :		
Business Address :	City / Suburb :	Post Code:
Phone :	Mobile Number :	
Email :	Website :	
DUCINECE PROFILE		
2. BUSINESS PROFILE		
MAIN Business Activities :		
Years Established :		
Number of Staff :		
Location of International Offices :		
3. DIRECTORS AND KEY PER	SONNEL DETAILS	
Personnel -1 Name :		
Position :		
Qualifications and Experience :		
Personnel -2 Name :		
Position :		
Qualifications and Experience :		





Melbourne: Level 5, 440 Elizabeth Street, Melbourne VIC 3000

How many	/ Australian Educational ir	nstitutions are you currently rep	resenting
Please list wo (2) yea		ents referred to Australian Educ	ation institution in the following areas in the last
A. EI	LICOS & EALCourses:	B. Vocationa	al Courses:
C.	Undergraduate Courses:_	D. Postg	raduate Courses:
COMPL	IANCE REQUIREME	NTS AND DETAILS	
•	vare of you and your organis agents as set out in Nationa Yes No	•	agents with reference to the implied responsibilities of
Have you o		ed the Education Agents Training (Course (EATC) available on www.pieronline.org?
	ve the knowledge and a goo	d understanding of the requirement	nts of the ESOS Act 2000 and National Code 2018?
Departmen		n Department of home affairs e (<u>h</u> t Website (<u>https://education.gov.</u>	tps://www.homeaffairs.gov.au//) and the au/) website?
	ularly monitor the Departme	ent of Education, Employment and	Workplace Relations website?
procedures	lling to comply with the requ s, and provide accurate infor es No		advertising, course materials and application
DESCE	RIPTION OF POTEN	ITIAL MARKET & SERV	ICES
		ase describe any strengths you	
Please out	tline the support services	you can offer students	
REFER	RENCE CHECK		
Please list	the names and contact d	etails of two (3) academic refere	es
	act Person (1) :		Educational Institution (1):
vlain Cont	()		
Main Cont		Contact Phone Number :	Email :

Contact Phone Number:

Email:

Position:



ABN: 20624458037 E: marketing@iedugroup.com.au W: www.iedugroup.com.au Sydney (**Head Office**): Level 2, 16-22 Wentworth AvenueSurry Hills NSW 2010

Melbourne: Level 5, 440 Elizabeth Street, Melbourne VIC 3000

8. DECLARATION				
Ideclare that I have read an understood the extract from the ESOS Act 2000 – Obligations of Agents and that the answers and details provided in this application are true and accurate to the best of n knowledge and I authorise the IEDU GROUP to approach referees to collect any information or details as it may require.				
Signature:	Date:	Position:		
9. AGENT CHECKLIST				
$\hfill \Box$ Please attach copies of the following	documents: Company/Busines	ss registration Certificate Business Profile		
Information Privacy Act (Vic) and other relevant Aus	sed or disclosed by the IEDU Group is conf stralian legislation. Information about Agent	rant materials idential and is protected by the Privacy Act 1988 (Cth), the s or students may be made available to Commonwealth ar	nd State	