

Agent Application Form

SECTION 1: Company Details

Company Name:				
Trading Name (if applicable):				
Contact Person:				
Designation /Position:				
ABN (Australia Only):				
Email Id:				
Alternate Email:				
Company Website:				
Telephone:		Mobile:		
Street Address:		Suburb/ City:		
State: Country:		Postcode:		
Company Registration No:		Place of Registration:		
Date of Registration:		Expiry Date:		
ECTION 2: Contact Details				
		icer/Main Contact Person for the company		
Given Name:		Family Name:		
Position:		Qualifications:		
Mobile No.:		E-mail:		
From which country or countries	does the company nation	arily recruit students?		
•		arny recruit students:		
1)				
,				
2)				
2)	per of students your com	pany could successfully refer to Melvic College		

Phone: 0433 446 282 Website: www.melvic.edu.au

Email: info@melvic.edu.au Address: Level 11, 461 Bourke Street, Melbourne VIC 3000

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SECTION 3: Agent Company Background

How long has the company operat	ed as an education recruitment	agency?		
Is the company affiliated with any the Australia or home country/co		Jniversit	ies, Colleges, and S	chools) in No
If yes, please specify, including det	ails of any joint directorship or c	wnershi	ip	
Do you offer immigration assistance	to students? No	Yes	if Yes MARA No:	
SECTION 4: Company Portf	olio			
Please state which Australian VET represents:	, Higher Education Institutions	or ELICO	OS Institutions the	organisation currently
Name of Institution		City		Period
SECTION 5: References from	n VET, Higher Educatior	n Instit	cutions or ELIC	OS Institutions the
organisation				
Reference 1	T		T	
Given Name:	Family Name:		Position:	
Institution:	E-mail:		Mobile:	
Reference 2				
Given Name:	Family Name:		Position:	
Institution:	E-mail:		Mobile:	

If you are not working with any RTO or University. Please provide us at least 2 (Two) names of the organisations Accountants or Lawyers for Character References that you have worked with and the contact persons details below:

Given Name:	Family Name:	Position:
Institution:	E-mail:	Mobile:

Note - The College may contact the above providers/ organisations and contact persons for reference purposes only

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Applicant Declaration:	
	the information provided in this application is
true and accurate to the best of my knowledge. I authorize	Melvic College Australia to contact my referees,
to collect information and details as required.	
Signature:	
Name:	
Position:	
Date:	
Completion of this form does not result in automatic approve	al for appointment.
Please attach any relevant supporting documents as Melv Agreement will be based on the contents of this Agent Applica the current representations in the region and reference certificates of Company & Business Registration to this Form	vic College Australia decision to offer an Agent ation form, the strategic alignment to market needs, checks. Please attach a Company Profile and
Please attached the following to the completed form:	
Company Profile	
Business Registration Documents	
A list of all office locations associated with your c	company (if applicable):
(Include details of each office address and the name, phone n for each office.)	
Other relevant supporting documents Please Email: info@melvic.edu.au For more information about our college visit our website:	: <u>www.melvic.edu.au</u> Phone: +61 433 446 282
Office use only:	
Reference check completed and attached Yes	No Company Profile attached Yes No
Other supporting documents	
Outcome of application Approved Rejected	1
Staff name	Position
Date	Signature

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