

| Education Agent Application Form   |  |                            |                       |  |
|------------------------------------|--|----------------------------|-----------------------|--|
| COMPANY/AGENCY INF                 | ORMATION   |                            |                       |  |
| Legal Entity (Name):               |  |                            |                       |  |
| Trading Name:                      |  |                            |                       |  |
| ABN (if available)                 |  | Overseas Registration      | No:                   |  |
| Year Founded:                      |  | Years as Education Age     | ent:                  |  |
| Registered Head Office<br>Address: |  |                            |                       |  |
| Phone:                             |  | Fax:                       |                       |  |
| Email:                             |  | Website:                   |                       |  |
| Section 1: Company Descri          | iption   |                            |                       |  |
| Please provide a description       | of your major business activities:   |                            |                       |  |
|                                    |  |                            |                       |  |
|                                    |  |                            |                       |  |
|                                    |  |                            |                       |  |
|                                    |  |                            |                       |  |
|                                    |  |                            |                       |  |
| Section 2: Key Personnel           |  |                            |                       |  |
|                                    | of the key personnel within your co  | mpany: (Attach addition    | al pages as required) |  |
| Name:                              |  | Position:                  |                       |  |
|                                    |  | 1                          | I                     |  |
| Background                         |  |                            |                       |  |
|                                    |  |                            | 1                     |  |
| Name:                              |  | Position:                  |                       |  |
|                                    |  |                            |                       |  |
| Background                         |  |                            |                       |  |
|                                    |  |                            |                       |  |
| Key Contact Person Name:           |  |                            |                       |  |
| Key Contact Person Mobile          |  |                            |                       |  |
| Key Contact Person Email:          |  |                            |                       |  |
|                                    | ned person completed the Australiar  |                            |                       |  |
| which was developed in colla       | onal Education Resources (PIER) offer<br>aboration with the Australian Educati<br>se is available on: <u>www.pieronline.or</u> | on International (AEI), th |                       |  |

| Document Name: Education Agent Application Form |                       | RTO Code: 45763         | CRICOS Code: 03956A       |
|---|-----------------------|-------------------------|---------------------------|
| Version: 2.0                                    | Approved: 04 May 2022 | Review Date:04 May 2023 | Page <b>1</b> of <b>4</b> |



| Section 3: General Declarations  |     |    |
|--|-----|----|
| Are you an authorised agent or member of an agent's association?   | Yes | No |
| Do you and your relevant employees and subcontractors, have sound knowledge<br>and understanding of the requirements of the Education Services for Overseas<br>Students ESOS Act (2000) and the National Code (2018), as an Education Agent? | Yes | No |
| What is your main country of operations?   |     |    |
| What services do you provide or intend to provide to prospective students?   |     |    |
|  |     |    |
|  |     |    |
|  |     |    |
| Do you understand that our College requires its Education Agents to declare in writing and take reasonable steps to avoid conflicts of interest with its duties as an Education Agent?   | Yes | No |
| Do you understand that students coming to Australia on a student visa must have a primary purpose of studying and must study full time?  | Yes | No |
| Are you prepared to comply with the requirements of our College regarding advertising, course materials and application procedures?  | Yes | No |
| Has the company or any individual within the company ever been involved in past, pending, threatened or potential litigation, arbitration, administrative actions or other disputes?   | Yes | No |
| How many students do you intend to recruit for our College within each year?   |     |    |
| Please list main countries besides Australia, for whom you recruit students:   |     |    |
| We declare that we have read Agent Code of Ethics, as provided on our College web site.  | Yes | No |
| We understand that Education Agents are required to submit all requests for advertisements and promotional material relating to our College for written approval before publication or production, via the CEO.                              | Yes | No |

| Section 4: Referees        |           |          |  |  |  |
|----------------------------|-----------|----------|--|--|--|
| Please provide 2 referees: |           |          |  |  |  |
| Referee 1                  | Referee 1 |          |  |  |  |
| Name:                      |           |          |  |  |  |
|                            |           |          |  |  |  |
| Address:                   |           |          |  |  |  |
|                            |           |          |  |  |  |
| Phone:                     |           | Fax:     |  |  |  |
| Email:                     |           | Website: |  |  |  |
| Referee 2                  |           |          |  |  |  |
| Name:                      |           |          |  |  |  |
|                            |           |          |  |  |  |
| Address:                   |           |          |  |  |  |
|                            |           |          |  |  |  |

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| Version: 2.0                                    | Approved: 04 May 2022 | Review Date:04 May 2023 | Page <b>2</b> of <b>4</b> |



| Phone: | Fax:    |  |
|--------|---------|--|
| Email: | Website |  |

| Authorisation             |      |  | (to be fi | illed in by our sta | aff) |  |        |  |
|---------------------------|------|--|-----------|---------------------|------|--|--------|--|
| Authorisation for Process | sing |  |           |                     |      |  |        |  |
| Action to be taken:       |      |  | APPROVE   | D                   |      |  | DENIED |  |
| Comments:                 |      |  |           | ·                   |      |  |        |  |
|                           |      |  |           |                     |      |  |        |  |
|                           |      |  |           |                     |      |  |        |  |
|                           |      |  |           |                     |      |  |        |  |
|                           |      |  |           |                     |      |  |        |  |
| Signed:                   |      |  |           | Position:           |      |  |        |  |
| Print Name:               |      |  |           | Date Processed      | 1:   |  |        |  |

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| Version: 2.0                                    | Approved: 04 May 2022 | Review Date:04 May 2023 | Page <b>3</b> of <b>4</b> |



## Record of updates and changes:

| Version No. | Issue date  | Nature of Amendment                       |
|-------------|-------------|---|
| 1.0         | 01 Jul 2020 | Final version, submitted for registration |
| 1.1         | 29 Nov 2021 | Added registration nos, tel no.           |
| 2.0         | 04 May 2022 | Reformatted the whole document.           |
|             |             | College name changed to Pioneer           |
|             |             |   |

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| Version: 2.0                                    | Approved: 04 May 2022 | Review Date:04 May 2023 | Page 4 of 4         |