

Application for Appointment as an Approved Representative of Axis Institute



APPLICATION INFORMATION

Name of the Business/Company:

NAME OF PROPRIETORS/DIRECTORS

Name:	Name:
Position:	Position:
Background, qualification, and previous experience:	Background, qualification, and previous experience:

Business Registration number:

Business address:

Telephone number:

Fax number:

E-mail address:

Website:

Is the recruitment of students the core of your business? Yes ☐ No ☐

For how many years has your business/company been involved in education counseling?

Country of Operation:

Do you have business premises which are suitable to adequately represent Axis Institute? Yes ☐ No ☐

If yes, please advise location in relation to City Centre.

Do you have another office/s operating under the same name? Yes ☐ No ☐

If yes, please provide address details and information on relevant staff:

Do you have any subsidiaries or associated offices that operate under a different company name? Yes ☐ No ☐

If yes, please provide details including country of operation:

NUMBER OF STAFF

How many staff are employed in your organisation?

How many of these staff are student counselors?

How long have these counselors been working in your company?

What languages do your counselors speak?

How many of your counselors have studied in Australia?

Do you belong to an Agents Association/Professional Network? *eg. ICEF, PIER* Yes ☐ No ☐

If yes, list Association/Network.

What services do you provide to students? (Please tick all appropriate responses)

☐ Student counselling ☐ Pre-departure briefings ☐ Migration ☐ Travel and accommodation

☐ Visa assistance ☐ Others. please specify:

Which other Australian institutions do you currently represent?

When is the most suitable time of year to conduct a marketing trip to your region or a visit to your office to recruit students?

How do you maintain your staffs professional development?

How do you market Axis Institute courses?

How many students do you propose to place with Axis Institute in the next 6 months?

COMPLIANCE WITH ESOS REQUIREMENTS

Do you understand that students coming to Australia on a student visa must have a primary purpose of studying full-time? Yes ☐ No ☐

Do you understand that you must not make any representative or offer any guarantees of achieving residential status in Australia but that you could refer students to the Australian Government- Department of Home Affairs (<https://www.homeaffairs.gov.au>)? Yes ☐ No ☐

Are you prepared to comply with all requirements of Axis Institute about advertising and course material, application procedures and providing information to students? Yes ☐ No ☐

Are you prepared to use material supplied only by Axis Institute to describe the Institute and its courses? Yes ☐ No ☐

Do you understand that you cannot commit the Institute to accept any prospective student into any course? Yes ☐ No ☐

Have you visited the Australian Education www.aei.gov.au and read the ESOS Framework and National Code? <https://internationaleducation.gov.au/Regulatory-Information/Education-Services-for-Overseas-Students-ESOS-Legislative-Framework/National-Code/Pages/default.aspx> Yes ☐ No ☐

Have you visited the TPS website www.tps.gov.au and gone through student provided defaults Yes ☐ No ☐

AGENT'S INFORMATION

Agent's Name:

Principal Place of Business Address:

If the agent is a body corporate—the address of the body corporate's registered office:

Postal Address (*if different from the address mentioned above*)

Phone Number:

Email Address:

Website Address:

ABN (*if any*):

ACN (*if any*):

Trading Name or Names (*if any*):

If the Agent is a Body Corporate—the Names of the Body Corporate's Directors:

If the Agent is a Registered Migration Agent—the Agent's Migration Agents Registration Number:

PLEASE ENSURE THAT YOU PROVIDE THE NAMES, CONTACT TELEPHONE NUMBERS AND E-MAIL ADDRESSES OF TWO REFEREES FROM INTERNATIONAL OFFICES OF OTHER AUSTRALIAN INSTITUTIONS THAT YOU CURRENTLY REPRESENT THAT WE MAY CONTACT.

Name of Australian institution:

Name of contact person:

Tel.:

Fax:

E-mail:

Name of Australian institution:

Name of contact person:

Tel.:

Fax:

E-mail:

THIS APPLICATION WILL NOT BE PROCESSED IF THE ABOVE INFORMATION IS NOT PROVIDED.

Please use the space provided to include any other information you consider to be of importance to this application.

SIGNATURE

Printed Name:

Date:

Signature: