NEW AGENT REGISTRATION FORM

SOUTH AUSTRALIAN COLLEGE OF ENGLISH

AGENCY DETAILS	
Agency Name	
Head Office Address	
Postal Address *(if applicable)*	
Primary Contact	
Primary Phone	
Primary Email	
Website	
Number of Branches *(please attach full list, if applicable)*	

AGENCY BACKGROUND			
Years in business as an education agent			
Is your office involved with any other business? If yes, please outline:			
Are you a member of an education agent's organisation? If yes, please outline:			
Number of international students recruited for study each year:			
Number for ELICOS:		**Number for Foundation Studies:**	
Number for TAFE/University:		**Number for Secondary Education:**	
Which countries do you send most students for study?			
Which countries or regions do you refer students from?			
List the schools and colleges you are partnered with or often work with			
How much is your student service fee?		**Does this include the fee for an Aust. Student visa?** ***If no, please specify fee.***	

SERVICES PROVIDED TO STUDENTS			
Student Counselling	☐ YES	☐ NO	**Others – Please specify:**
Liaising with Parents	☐ YES	☐ NO	
Collecting Fees	☐ YES	☐ NO	
English Testing	☐ YES	☐ NO	
Pre-departure Briefing	☐ YES	☐ NO	
Visa Application	☐ YES	☐ NO	

STAFF BACKGROUND			
Number of staff in your company		**Number of counsellors**	
Number of administrative staff		**Number of staff who have studied/worked in Australia**	
Please attach a full list of staff, their contact details and relevant qualifications			

PROFESSIONAL REFEREES (Minimum FOUR required)			
Australian Institution Name			
How long have you represented this institution?			
Contact Name:	**Position:**	**Phone:**	**Email:**
Australian Institution Name			
How long have you represented this institution?			
Contact Name:	**Position:**	**Phone:**	**Email:**
Australian Institution Name			
How long have you represented this institution?			
Contact Name:	**Position:**	**Phone:**	**Email:**
Australian Institution Name			
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Contact Name:	**Position:**	**Phone:**	**Email:**

Do you wish to receive communications from SACE on courses, updates & promotions?	☐ **YES** ☐ **NO**
Please list the email address/es you wish for these communications to be sent to:	

DECLARATION:	
I confirm that the information provided is accurate and complete. I understand that false or misleading details may result in my application being terminated and I accept full responsibility for the submitted information.	
Full Name:	
Position:	
Signature:	
Date:	

SACE USE ONLY		
1. Date Received:	**2. Referees Checked:**	**3. AA Issued:**
4. AA Co-signed:	**5. DB Updated:**	**Processed by:**