



AGENT REPRESENTATIVE APPLICATION FORM

Phoenix Academy Partners are:

Curtin University of Technology • Edith Cowan University • Murdoch University • The University of Notre Dame Australia Torrens University
• TAFE International • Central Queensland University
Western Australia Department of Education • Navitas • National Institute of Technology
Australian Institute of Workplace Training • Independent Boys and Girls High Schools • Kaplan Business School
Sheridan Institute of Higher Education • Australian Professional Skills Institute

COMPANY DETAILS

1. Business Name: _____
2. Office Address: _____

3. Contact Name: _____
4. Telephone: _____ Mobile: _____
5. Email: _____ Website: _____
6. Do you have additional office branches? Office address: _____

7. If you have a business in Australia, please supply us with your ABN number: _____

COMPANY BACKGROUND

1. Years in business as an education agent: _____
2. Is your office involved with any other business? If yes, please outline: _____

3. Is your business a member of any professional or marketing organisation? Yes ☐ No ☐
If yes, please list 1. _____ 2. _____
4. Does your office act as a subcontractor to another agency? Yes ☐ No ☐
If yes, please name the agent: _____
5. Approximately how many students do you send to the following countries each year?
U.K _____ U.S.A _____ Canada _____ Australia _____ Other _____
6. For Australian enrolments, how many students do you send to each of the following sectors?
Number for ELICOS: _____ Number for Foundation Studies: _____
Number for Secondary Education: _____ Number for TAFE/University: _____
7. Which Universities do you work with in Australia? _____

8. Do you have a current representative agency agreement with any of the following institutions?

1. Central Queensland University?	Yes	No	7. University of Notre Dame	Yes	No
2. Curtin University?	Yes	No	8. University of Western Australia	Yes	No
3. EdithCowan University?	Yes	No	9. Australian Professional Skills Institute	Yes	No
4. Murdoch University?	Yes	No	10. Navitas	Yes	No
5. Sheridan Institute of Higher Education?	Yes	No	11. NIT Australia	Yes	No
6. Torrens University?	Yes	No	12. TAFE WA	Yes	No
13. Other?	_____				

Phoenix Academy

223 Vincent St, West Perth, Western Australia 6005 | CRICOS Provider Code 00066D | RTO Provider Number: 50030

LAST UPDATED 17/05/2022

9. Have you used Streamlined Visa Processing (SVP)? Yes ☐ No ☐
If Yes, how many successful SVP applications have you lodged? _____
Have you received any SVP rejections? Yes ☐ No ☐
10. Please estimate the number of students you can recruit in a given year to Phoenix Academy
- Number for ELICOS: _____ Number for Foundation Studies: _____
Number for Secondary Education: _____ Number for TAFE/University: _____

STAFF

1. Number of staff in your company: _____ Counsellors: _____ Administrative staff: _____
2. Have any of these staff studied/worked in Australia? Yes ☐ No ☐
3. If yes, please provide details: _____

4. Have you or any of your counsellors ever visited Perth? Yes ☐ No ☐
5. If yes, when was the date of their last visit? _____

COMPANY SERVICES

1. How much is your student service fee? _____
2. Does this include the fee for an Australian student visa? Yes ☐ No ☐
3. If no, what is the fee for obtaining the visa? _____
4. Please indicate the services your company provides:
- | | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| Student counselling | <input type="checkbox"/> | Follow up with parents | <input type="checkbox"/> |
| Collecting fees | <input type="checkbox"/> | English Testing | <input type="checkbox"/> |
| Pre-departure briefing | <input type="checkbox"/> | Visa application | <input type="checkbox"/> |
| Others | <input type="checkbox"/> | Please specify: _____ | |

REFEREES

Please indicate two referees we can contact, including one from an **Australian** institution you represent.
(Failure to complete this section will result in delays and/or the rejection of agent applications)

- | | |
|---|---|
| Referee Name: _____ | Referee Name: _____ |
| Company: _____ | Company: _____ |
| Email: _____ | Email: _____ |
| Phone: _____ | Phone: _____ |
| Year of Representation: _____ | Year of Representation: _____ |
| Approx. number of students placed per year: _____ | Approx. number of students placed per year: _____ |

DECLARATION:

I declare that the information provided in this application is accurate and up to date. I authorise Phoenix Academy to conduct due diligence on the claims made and on the status of the company or individual. I understand that Phoenix Academy is under no obligation to make an appointment as an authorised representative. I also understand that this application in itself does not constitute an appointment as an authorised representative and that any appointment is subject to a formal contracted agreement.

Name: _____

Position: _____

Signed: _____ Date: _____

Please complete this form and return via:

Email: info@phoenix.wa.edu.au

Mail: Marketing Department
PO Box 256
Leederville, Perth, Western Australia, 6903

Provided the Representative has enrolled a student in a Partner Institution through Phoenix Academy, the Academy will manage the application, enrolment and the commission payable by that Partner Institution and will be responsible for the payment of all commissions to the Representative.

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