Education Agent Application Form



Contact Details:

Enrolments PO Box 16 IPSWICH QLD 4305 Cnr Queen Victoria Pde & Chermside Rd East Ipswich QLD 4305

Telephone: +61 7 3454 4401 Facsimile: +61 7 3454 4480 Email: <u>Enrolment@girlsgrammar.com.au</u> Website: <u>www.girlsgrammar.com.au</u>

If you are a registered agent and wish to apply to become an agent of Ipswich Girls' Grammar School including Ipswich Junior Grammar School, please complete the Education Agent Application Form and return to Enrolment@girlsgrammar.com.au.

Company Registration Details	
Director's Name:	
Business's Trading Name:	
Business's Legal Entity Name:	
ABN or Company Registration Number:	
Location and contact details:	Address:
	Phone: () Fax: ()
	Email: Web:
Number of years in operation:	
Number of staff:	
Details of key staff members and/or school consultants:	Name:
	Position:
	Email:

Details of key staff members and/or school consultants: Services provided by the company:	Name: Position: Email:
Details of past and present experience recruiting students:	For Australian or New Zealand schools Number of students For other education sectors Number of students
Familiarity with Australian education industry:	 Please ✓ or ⊠ to confirm your: Knowledge of ESOS Act Knowledge of National Code Completion of the AEI Agent Training Course
Experience in:	Education industry generally Any other major business areas
Details of markets from which you recruit:	Geographical area Characteristics of potential market e.g. preference for boarding

Names of any professional organisations of which the agent is a member:	
Written references, dated and with contact details from two sources:	An Australian or New Zealand school Contact Person: Email: and/or Phone contact: A referee of the agent's choice Contact Person:
	Email: and/or Phone contact:
Details of Sub-Contractor 1, covered by this agreement:	Agency Name: Address:
OR	
Details of your Branch offices covered by this agreement:	Phone: Fax: Web: Contact Person: Contact's email:
Details of Sub-Contractor 2, covered by this agreement :	Agency Name: Address:
OR	
Details of your Branch offices covered by this agreement:	Phone: Fax: Web: Contact Person: Contact's email:
Completed by:	
Position in Company:	
Signature:	

Date:

_____/_____/_____