

APPLICATION FOR APPOINTMENT AS AN APPROVED REPRESENTATIVE OF GRIFFIN COLLEGE

APPLICATION INFORMATION

Name of the Business/Company:

Name of Proprietors/Directors

Name:

Name:

Position:

Position:

Background, qualification,
and previous experience:

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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 Griffin College?

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 Griffin College courses?

How many students do you propose to place with Griffin College 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 Immigration and Border Protection <http://www.border.gov.au>?

Yes No

Are you prepared to comply with all requirements of Griffin College about advertising and course material, application procedures and providing information to students?

Yes No

Are you prepared to use material supplied only by Griffin College to describe the College and its courses?

Yes No

Do you understand that you cannot commit the College 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

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:

Signature:

Date: ____ / ____ / ____

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Application Checklist

Company Profile

Trading name and Business Registration

Professional membership