M.S Aviation Pty Ltd T/A Australian School of Commerce RTO NO. 41089 I CRICOS NO.: 03489A

Melbourne Campus: Level 4, 123-129 Lonsdale Street Melbourne, Victoria 3000 Australia

Hobart Campus: Level 4, 18 Elizabeth Street, Hobart Tasmania 7000 Australia

Ph: 1300 781 194 I E: Info@asoc.edu.au I W: www.asoc.edu.au

ABN: 87 160 483 447



AGENT APPLICATION FORM

 ${\it M.S}~{\it Aviation}~{\it Pty}~{\it Ltd}~{\it trading}~{\it as}~{\it Australian}~{\it School}~{\it of}~{\it Commerce}~({\it hereby}~{\it referred}~{\it as}~{\it ASOC})$

Legal Name:					
Trading Name:					
Contact Name:				Position:	
Physical Address:					
Australian Company Number (ACN): (if applicable)					
Australian Business Number (ABN): (if applicable)					
Australian Migration Agency Number: (if applicable)					
Postal address:					
Telephone:		Fax:		Email:	
Website:					
How long have you been in business? Number of international students recruited for study in Australia each year: List of other institutions you are currently representing in Australia: List of countries you operate from:					
• List the courses you promote to enrol students into:					
Names of agent's staff involved in recruiting students:					
	••• ••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •

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• Services provided to students (Please check in appropriate box):

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☐ Student counselling	☐ Pre-departure br	riefing			
☐ Visa Application	☐ Follow up with p	arents			
Other services (Please Sp	pecify):				
Do you charge students a	additional fees for the above	services	? □ Yes □ No		
If yes, please specify the	amount(s) and type(s) of fee	es charge	d:		
How do you promote into	ernational education and ho	w will yo	u promote Australian S	chool of Co	ommerce (ASOC)?
		••••••		• • • • • • • • • • • • • • • • • • • •	
REFEREES					
	mana Assatualian adasaatianal	: .			\ \
Please indicate two referees f	rom Australian educational	institutio	ons that you represent (one manda	itory).
Reference 1					
Organisation Name:					
Contact Person:					
Position:					
Address:					
Telephone:		Fax:		Email:	
Reference 2					
Organisation Name:					
Contact Person:					
Position:					
Address:					
Telephone:		Fax:		Email:	

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As our authorised agent, we are responsible for your actions in marketing our courses and therefore we expect you to market them with integrity and accuracy as outlined in the National Code 2018 (National Code of Practice for Providers of Education and Training to Overseas Students 2018) and ESOS (Education Services for Overseas Students Act) 2000. Please confirm that you have read and understood this Act.

Agent Declaration:				
By signing this form, I declare t	chat:			
• I have read and understood the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (Standard 4 – Education Agents).				
• I will act honestly, responsibly, and in the best interests of students and Australian School of Commerce (ASOC).				
• I will not make false or misleading claims, including guarantees of migration or employment outcomes.				
 I will disclose to students all fees charged by my organisation for services provided. 				
• I consent to Australian School of Commerce (ASOC) conducting a reference check prior to issuing an agreement.				
Name of Agent:				
Agent's Signature:	Date:			

REQUESTED ATTACHMENTS

Item	Attached (Office Use Only)
Evidence of Business Registration - ABN/ACN	
Agent Qualification - MARA/QEAC	
Reference Check	
Company Profile	

Please refer to Managing Education Agent Kit for guidelines about this form.

Thank you for completing the form.	OFF	OFFICE USE ONLY		
Diagon noturn it to	Application Approved:	☐ Yes	□ No	
Please return it to: Email: apply@asoc.edu.au	Authorised Officer Name:			
	Authorised Officer Signature:			
	Date:	/	/	