



St Albans Institute Pty Ltd t/a Hawk Institute
Level 4, 171 Latrobe Street, Melbourne VIC 3000 Australia
RTO ID: 41451 CRICOS Code: 03596J
Website: www.hawkinstitute.edu.au
Email: info@hawkinstitute.edu.au
Phone: 1300 159 461
ABN 19608522087

Agent Application Form

St. Albans Institute Pty Ltd t/a Hawk Institute

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 E-mail

Website:

BUSINESS BACKGROUND

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:

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.....

List of countries you operate from:

.....

.....

List the courses you promote to enrol students into:

.....

.....



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Names of agent's staff involved in recruiting students

.....

.....

Services provided to students (Please check in appropriate box)

Student counselling ☐ Pre-departure briefing ☐

Visa Application ☐ Follow up with parents ☐

Other services (Please Specify):

Do you charge students additional fees for the above services? Yes No

How do you promote international education and how will you promote Hawk Institute?

.....

.....

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Referees

Please indicate two referees from Australian educational institutions that you represent (one mandatory)

Reference 1

Organisation Name:

Contact Person:

Position:

Address:

.....

Telephone..... **Fax**..... **E-mail**

Reference 2

Organisation Name:

Contact Person:

Position:

Address:

.....

Telephone..... **Fax**..... **E-mail**

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.

Name of agent.....

Agent's signature Date

Requested attachments

Item	Attached For office use only:
Evidence of business registration-ABN/ACN	
Agent Qualification-MARA/QEAC	
Reference check	
Company Profile	

Please refer Managing Education Agent kit for guideline about this form.

<p>Thank you for completing the form.</p> <p>Please return it to:</p> <p>Email: apply@hawkinstitute.edu.au</p>	For office use only:
	<p>Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Authorised officer Name: _____</p>
	<p>Authorised officer Signature: _____</p>
	<p>Date: ____/____/____</p>