



## APPLICATION FORM FOR AGENCY RIGHTS OVERSEAS STUDENT COUNSELLING AND RECRUITMENT ASSISTANCE

AGENCY DETAILS		
Agent's Business Name:		ABN No:
Address:		
Phone:	Fax:	Email:
DIRECTOR / PARTNER / PROPRIETOR DETAILS		
1. Name:		2. Name:
Main Contact Person:		
No of Employees:	Years of Company Operation/Experience:	
LIST OF STAFF NAMES DIRECTLY INVOLVED IN COUNSELLING STUDENTS		
1. Name:		Position:
2. Name:		Position:
3. Name:		Position:
4. Name:		Position:
PLEASE TICK THE MARKETS THAT YOU REPRESENT		
<input type="checkbox"/> Honk Kong <input type="checkbox"/> Malaysia <input type="checkbox"/> Taiwan <input type="checkbox"/> Singapore <input type="checkbox"/> Thailand <input type="checkbox"/> Brazil <input type="checkbox"/> Mauritius <input type="checkbox"/> United Arab Emirates	<input type="checkbox"/> Oman <input type="checkbox"/> Kuwait <input type="checkbox"/> Qatar <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> Bahrain <input type="checkbox"/> Indonesia <input type="checkbox"/> Bangladesh <input type="checkbox"/> Vietnam	<input type="checkbox"/> China <input type="checkbox"/> India <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Pakistan <input type="checkbox"/> Other Countries: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
WHAT EDUCATION SECTIONS DO YOU CATER TO		
<input type="checkbox"/> University/Higher Education <input type="checkbox"/> VCE and School sector	<input type="checkbox"/> VET/TAFE <input type="checkbox"/> Other (specify):	<input type="checkbox"/> ELICOS



# Hospitality Management Institute of Australia

CRICOS PROVIDER No. 02741B TOID No.21760

WORKING HOURS			
<input type="checkbox"/> Monday	From:	To:	<input type="checkbox"/> Day Off
<input type="checkbox"/> Tuesday	From:	To:	<input type="checkbox"/> Day Off
<input type="checkbox"/> Wednesday	From:	To:	<input type="checkbox"/> Day Off
<input type="checkbox"/> Thursday	From:	To:	<input type="checkbox"/> Day Off
<input type="checkbox"/> Friday	From:	To:	<input type="checkbox"/> Day Off
<input type="checkbox"/> Saturday	From:	To:	<input type="checkbox"/> Day Off
DIRECTOR / MANAGER VERIFICATION			
Name:		Stamp:	
Signature:			
BUSINESS REFERENCES FROM AUSTRALIA <small>(please provide two references)</small>			
1. Organisation:			
How long have you been dealing with this organisation:			
Contact Person:		Position:	
Phone No:		Email:	
2. Organisation:			
How long have you been dealing with this organisation:			
Contact Person:		Position:	
Phone No:		Email:	