



Agent Application Form

Agent Business Name	
ABN No. if available	
MARA Code (if applicable)	
Head office contact details	
Contact Name	
Position	
Email:	
Phone	
Fax:	
Address	
Details of any branch office (if applicable)	
About You	
Years in education consultation	
Number of Students enrolled in Australia last year and this year until now:	
Primary Business	
Details of services provided to students	
Members of associations	

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Document Name	Agent Application Form	Issued:	July 2025	Ver 1
Authorised by CEO	CRICOS# 03499K	RTO # 40953	Review:	24 months
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Have you previously worked in conjunction with another education agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List the countries that you represent			
Referees			
List two referees from Educational Institutes that your Agency represents. One referee must be from an Educational Institute in Australia			
Referee 1			
Contact Name		Position	
Organisation		Phone	
email		Fax	
Address			
Referee 2			
Contact Name		Position	
Organisation		Phone	
email		Fax	
Address			

DECLARATION: I am interested in representing Training Australia First as an education agent and I agree to do so in an honest and professional manner.

Signature: _____ Date: _____

Please forward this form and send it to:
manish@taf.edu.au

or post it to

1836 Sydney Rd Campbellfield Vic 3061

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