

AGENT BUSINESS PROFILE - PLEASE WRITE IN BLOCK LETTERS

Business Contact Details			
Registered Business Name:			
Australian Business Number: (If Applicable)			
Contact Person:			
Position:			
Business Address In Australia: (If Applicable)			
Overseas Business Address (If Applicable)			
Mailing Address			
Telephone:		Fax:	
Mobile:		Email:	
Website			
Other Off-Shore Locations: (If Applicable)			

Business Background			
Years In Business		Years In Student Recruitment Industry:	
Main Line Of Business:			
No. of international students recruited for study each year for last 2 years :			
% ELICOS		% Diploma VET	
To which countries do you send students for study?			

New Venture
From which countries do you wish to recruit students?
Which Australian and/or Overseas Institutions do you represent?



Harbour College

Where Seekers Become Achievers

RTO CODE: 41338 | CRICOS PROVIDER CODE: 03449J

Australian Harbour International College
 02 9268 0085 | admissions@ahic.edu.au | www.ahic.edu.au
 Level 1, 84 – 86 Mary Street, Surry Hills NSW 2010
 ABN: 74 603 036 102

How much is your student service fee?	
Does the above fee include fee for an Australian student visa?(yes or no)	
Which of your offices are fully resourced student recruitment centres? (I.E. Phone, Fax, Computer Facilities, areas for speaking with potential students & displaying promotional material)	
What services do you provide to students: (Counselling, Visa Application, Placing Students To Institutions In Overseas Countries, Accommodation Arrangement, Air Ticket, Send Off Airport, Pr Departure Orientation, Following Up While Students Are In Overseas Countries)	

Staff Information

No. Of staff employed in student recruitment/service:	
Has any of these staff worked in Australia? Please provide details	
How many staff speak/read English well?	

Referees

Please indicate two referees we can contact, including one from an Australian institution you represent.

Last name		First name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Company					
Position:					
Address:					
Phone		Mobile		Email	
Last name		First name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Company					
Position:					
Address:					
Phone		Mobile		Email	