



BFJ International Studies Pty Ltd trading as Gippsland Institute of Technology

AGENCY AGREEMENT APPLICATION FORM

* Please forward a copy of your current business profile along with this Application form.

COMPANY DETAILS					
Company name :					
ABN (If Available) :					
HEAD OFFICE DETAILS					
Contact name :					
Position :					
Office Address :					
State/Province/District :		Country :		Postcode :	
Postal Address (if different) :					
State/Province/District :		Country :		Postcode :	
Phone :			Fax :		
Email(s):			Website :		
AGENT INFORMATION					
Year Agency was founded :	Year	s in Recruitment :		Total Number of Staff :	
Number of students recruited pe	er year : Num	ber of students recr	uited for Australi	a each year :	
What countries do you recruit fo	r?				
What other Australian Institution	ns do you represent?				
Have you worked in conjunction	with any other agents?				
Have you worked in conjunction If Yes, what is the name of the o					
	other agency(s)?				
If Yes, what is the name of the o	other agency(s)?				
If Yes, what is the name of the o	other agency(s)?				



Member of any associations?

OTHER OFFICES

Does your agency have offices in different locations? If so, please provide details. If more than 2 other offices attach details with this application form.

• •			
OFFICE ONE			
Contact name :			
Position :			
Office Address :			
State/Province/District :	Country :		Postcode :
Postal Address (if different) :			
State/Province/District :	Country :		Postcode :
Phone :		Fax :	
Email(s):		Website :	
OFFICE TWO			
OFFICE TWO Contact name :			
Contact name :			
Contact name : Position :	Country:		Postcode :
Contact name : Position : Office Address :	Country :		Postcode :
Contact name : Position : Office Address : State/Province/District :	Country:		Postcode :
Contact name : Position : Office Address : State/Province/District : Postal Address (if different) :		Fax:	
Contact name : Position : Office Address : State/Province/District : Postal Address (if different) : State/Province/District :		Fax : Website :	



OTH	ER	TRAD	DING	NAN	IES

Does your agency operate under any other trading names? If so, please provide details: **REFEREES** Please name two referees from Educational Institutes that your agency currently represents including at least one referee from an **Education Institute in Australia. REFEREE ONE -**Contact name : Name of Institute: Position: Address: Phone: Email: **REFEREE TWO -**Contact name: Name of Institute:

Position:

Address:

Phone:

Email:



DECLAI	RATION	
DECEA	KATION	
		enting Gippsland Institute of Technology as an education agent and I agree to do so in an honest, ethi eclare that the information I have provided in this application is correct and true.
Name :		
Position :		
Organisation :		
Nato :		

BFJ International Studies Pty Ltd T/AS Gippsland Institute of Technology

Address: 4/70 Main Street Pakenham, Melbourne, Victoria, Australia 3810

RTO No: 45698 **CRICOS Code:** 03921A

