Woodstock International College Level 6, 68 Grenfell Street Adelaide – SA 5000



Contact: +61 08 8100 5225 Web: www.woodstock.sa.edu.au E-mail: admissions@woodstock.sa.edu.au

| SECTION 1 - AGENT DETAILS    |        |
|------------------------------|--------|
| Agent Number:                |        |
| Date:                        |        |
| Name:                        |        |
| Legal Entity:                |        |
| Trading Name:                |        |
| Business Number:             |        |
| Email                        |        |
| Website                      |        |
| Phone /mobile                | Mobile |
| Address:                     |        |
| SECTION 2 COMPANY DESCR      | IPTION |
| Please describe your company |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |
|                              |        |

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| Woodstock International College / RTO: 45824 CRICOS: 03999A |              | Ve           | rsion | 1.1           |



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| SECTION 3 KEY PERSONNEL  |          |          |  |  |  |  |
|--|----------|----------|--|--|--|--|
| Please provide an overview of the key personnel within your company: (Attach additional pages as required) |          |          |  |  |  |  |
| Name   | Position |          |  |  |  |  |
| Background   |          |          |  |  |  |  |
| Name   |          | Position |  |  |  |  |
| Background   |          |          |  |  |  |  |

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SECTION 4- GENERAL

Are you an authorised agent or member of an agent's association?

What services do you provide or intend to provide to prospective students?

What is your primary country of operations?

What are your fees?

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| SECTION 5: REFEREES         |   |          |  |  |
|-----------------------------|---|----------|--|--|
| Please provide two referees | : |          |  |  |
| Referee 1                   |   |          |  |  |
| Name:                       |   |          |  |  |
| Address:                    |   |          |  |  |
| Phone:                      |   | Mobile   |  |  |
| Email:                      |   | Website: |  |  |
| Referee 2                   |   |          |  |  |
| Name:                       |   |          |  |  |
| Address:                    |   |          |  |  |
| Phone:                      |   | Mobile   |  |  |
| Email:                      |   | Website  |  |  |

| SECTION 6 – AUTHORISATION  |  |                   |  |  |  |  |  |
|--|--|-------------------|--|--|--|--|--|
| As our authorised agent, we are responsible for your actions in marketing our courses. Therefore we expect you to market them with integrity and accuracy as outlined in the National Code of Practice (For Registration Authorities and Providers of Education and Training to Overseas Students) and ESOS (Education Services for Overseas Students Act) 2000. Details found on <u>www.aei.dest.gov.au/ESOS</u> . Please confirm that you have read and understood this Act. <b>Authorisation for Processing</b> |  |                   |  |  |  |  |  |
| Action to be taken   |  |                   |  |  |  |  |  |
| Comments   |  |                   |  |  |  |  |  |
| Effective date   |  | Position          |  |  |  |  |  |
| Signature  |  |                   |  |  |  |  |  |
| Print Name   |  | Date<br>Processed |  |  |  |  |  |

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