SWANSTON INSTITUTE

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EDUCATION AGENT FORM

Please complete this form with your business details and/or location and return it to marketing@swanston.edu.au

SECTION 1: COMPANY DETAILS

Entity Name:			ABN:	
Trading Name: (if different from Entity name)				
Company Address: (primary place of business)	Address:			
	Suburb:		State:	
	Postcode:		Country:	
	GST Registered	☐ YES ☐ NO		
Postal Address: (If different from above address)	Address:			
	Suburb:		State:	
	Postcode:		Country:	
Phone Number/s:				
Email: (Communication for offer letter, CoE and enrolments)				
Website:				
Social Media Page Links:				
International Office Locations:	Location 1:			
	Location 2:			
	Location 3:			
	Location 4:			

SECTION 2: DIRECTOR AND EMPLOYEE DETAILS

Person 1. (must be Director/s)	
Name:	
Position:	
Qualification and Experience Summary:	
Membership of Education Agent Profesional Bodies:	☐ MARA Regn. ☐ QAEC ☐ ISANA ☐ Other (Specify)

Person 2. (Manager/Staff)	
Name:	
Position:	
Qualification and Experience Summary:	
Membership of Education Agent Profesional Bodies:	☐ MARA Regn. ☐ QAEC ☐ ISANA ☐ Other (Specify)

SECTION 3: BANK ACCOUNT DETAILS

Bank:	
Account Name:	
BSB:	
Account No.:	
Email (Only commission and accounts):	

SECTION 4: REFERENCES

Please provide with minimum 2 references email and contact number	1. Reference Name:	
	Email:	
	Contact No.:	
	Organisation:	
	2. Reference Name:	
	Email:	
	Contact No.:	
	Organisation:	

SECTION 5: DECLARATION

In signing this form, you declare that

- The information and details provided in this application are true, accurate and complete.
- You acknowledge and agree to the privacy statement provided below.

Privacy Statement: All information collected, used or disclosed by the Institute is confidential and is protected by the Privacy Act 1988 and other relevant legislation. The Institute's policy is outlined in Privacy Policy and Procedure available from our website. Information about Agents or students may be made available to Commonwealth and State agencies if required to provide the information by law.

NAME (must be Director/s)	**SIGNATURE**	**(DD/MM/YY)**