



## EDUCATION AGENT APPLICATION FORM

### ABOUT THIS FORM

Thank you for your interest in becoming an Education Agent with Training Masters.

Please return the completed form via email to [admissions@tm.nsw.edu.au](mailto:admissions@tm.nsw.edu.au). If you need any assistance completing the form, please contact us. Kindly ensure that details of two referees are included.

Your application will be assessed within 10 working days, and you will be notified in writing of the outcome. If approved, an agreement will be issued for signing, followed by a mandatory induction process.

### Section 1: Agent Identity and Business Details

Legal Entity Name (Individual / Company / Partnership):	
Trading Name (if different):	
ABN:	
Country/Countries of Operation:	
Registered Business Address:	
Postal Address (if different):	
Key Contact Person Name:	
Position/Title:	
Email:	
Mobile	
Website Links (if applicable):	

### Section 2: Professional Standing and Agent Capability

Please provide details demonstrating your knowledge of the Australian international education system.

Relevant qualifications, training, or professional development completed:	
Professional memberships (if any, e.g. AIRC, ICEF):	
I confirm that I have read and understand the <i>Australian International Education and Training Agent Code of Ethics</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that I understand the obligations of providers and agents under the ESOS Act and the National Code 2018.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We confirm that we understand and will comply with the ESOS Integrity Measures, including restrictions on education agent commission and recruitment activity	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 3: Migration Advice Declaration

Do you or your organisation provide migration advice to students?	<input type="checkbox"/> No – I/We do not provide migration advice <input type="checkbox"/> Yes – Migration advice is provided lawfully through a registered migration agent
If yes, provide details:	
Name of Registered Migration Agent:	
MARA Registration Number:	

### Section 4: Conflict of Interest Declaration

<b>How conflicts are identified and managed:</b> I/We declare that reasonable steps are taken to avoid conflicts of interest and that any conflicts will be disclosed promptly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please declare any actual, potential, or perceived conflicts of interest that may affect your duties as an education agent for the RTO. Conflicts of interest include financial, commission-based or incentive arrangements that may influence recruitment practices or student advice.	
<b>Details of conflicts (if any):</b>	

### Section 5: Recruitment Practices and Market Scope

Countries/Regions from which students are recruited:	
Education sectors promoted (e.g. VET, Higher Education, ELICOS):	
Description of student cohorts targeted:	
I/We confirm that recruitment practices comply with transfer restrictions under National Code Standard 7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We understand that “recruitment activity” includes marketing, promotion, counselling, advice, assistance with enrolment, and other dealings undertaken for the purpose of recruiting overseas students.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We confirm that we do not seek, accept, or expect to receive any commission or benefit in relation to recruitment activity involving a student who has commenced study onshore with another Australian registered provider, except where permitted by law.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 6: Sub-Agents and Staff

Do you engage sub-agents or subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	



Names and locations of sub-agents:	
How are sub-agents are monitored and managed?	
I/We acknowledge that the RTO may require removal of non-compliant staff or sub-agents	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We acknowledge that any sub-agent or subcontractor engaged by us is subject to the same integrity, commission and compliance requirements as the education agent.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 7: Compliance History and Risk Disclosure**

[The following section ensures quality and compliance standards for all partners.]

<b>Have you or your organisation ever:</b>	
Had an agreement terminated by an Australian education provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been subject to investigations, sanctions, or substantiated complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been investigated, warned, or sanctioned in relation to unlawful commission arrangements or inducements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been involved in dishonest or misleading recruitment practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Misused PRISMS or facilitated non-genuine students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, provide details:</b>	

**Section 8: Monitoring, Audit, and Corrective Action(Please Tick)**

I/We acknowledge that the RTO will monitor agent performance and may conduct audits or reviews.

I/We accept that corrective action may be required and that non-compliance may result in suspension or termination of the agent agreement.

**Section 9: Information Disclosure and PRISMS Acknowledgement(Please Tick)**

I/We consent to agent details being recorded in PRISMS.

I/We acknowledge that information may be disclosed to Commonwealth or State authorities where required by law.

I/We acknowledge that education agent performance data may be published in aggregated form by the Commonwealth in accordance with the ESOS legislative framework.

**Section 10: Referees**

We require at least 2 colleges or institutions who can provide a reference for your company. Please provide the details below.



Referee 1	
Company name	
Contact person name	
Contact person position	
Phone number	
Email address	
Referee 2	
Company name	
Contact person name	
Contact person position	
Phone number	
Email address	

**Section 11: Agent Declaration and Signature**

I declare that the information provided in this application is true, complete, and accurate. I acknowledge that providing false or misleading information may result in refusal or termination of any Education Agent Agreement.

Name of education agent representative	
Education agent representative position	
Signature	
Date	

**For RTO Use Only**

<b>Risk Rating:</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> No <b>(including integrity and commission risk)</b> <b>Conditions (if any):</b>  <b>Approved by:</b>	<b>Approved:</b> <input type="checkbox"/> Yes
Name	
Position	
Signature	
Date	