

## APPLICATION FOR AGENCY REPRESENTATION FORM

<b>CONTACT NAME:</b>		<b>POSITION:</b>	
<b>COMPANY NAME:</b>			
<b>TRADING NAME:</b>			
<b>DIRECTOR/OWNER'S NAME:</b>			
<input type="checkbox"/> <b>AUSTRALIAN BUSINESS NUMBER (ABN) or (ACN):</b>			
<input type="checkbox"/> <b>OVERSEAS GOVERNMENT AUTHORISED BUSINESS NUMBER OR ID (if applicable):-</b>			
<input type="checkbox"/> <b>QUALIFIED EDUCATION AGENT COUNSELLOR NUMBER (QEAC) :# _____</b>			
<input type="checkbox"/> <b>AUSTRALIAN MIGRATION AGENCY NUMBER (MARA):# _____</b>			
<input type="checkbox"/> <b>OTHERS:</b>			
<b>AGENT HEAD OFFICE BUSINESS ADDRESS:</b>			
<b>PHONE:</b>		<b>FAX:</b>	
<b>E-MAIL:</b>		<b>MOBILE:</b>	
<b>WEB ADDRESS:</b>		<b>SKYPE ID:</b>	

<b>REFERENCE 1 – Australian Education Institute (<i>must complete</i>)</b>			
<b>COMPANY NAME:</b>			
<b>CONTACT NAME:</b>			
<b>POSITION:</b>			
<b>ADDRESS:</b>			
<b>PHONE:</b>		<b>FAX:</b>	
<b>WEB ADDRESS:</b>		<b>E-MAIL:</b>	

<b>REFERENCE 2 – Australian Education Institute</b> <i>(must complete)</i>	
<b>COMPANY NAME:</b>	
<b>CONTACT NAME:</b>	
<b>POSITION:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>FAX:</b>
<b>WEB ADDRESS:</b>	<b>E-MAIL:</b>

**AGENT DECLARATION:**

I understand that by signing this Application Form, that I am confirming that all the information contained in this application is correct, in so far as it is practical for me to provide the information.

I also understand that by applying to be an authorised agent of LEVEL UP ACADEMY I will accept all the conditions that will be imposed on me by LEVEL UP ACADEMY in the provision of marketing LEVEL UP ACADEMY's educational services to potential International Students and that I will:

- market LEVEL UP ACADEMY with integrity and accuracy as outlined in the:
  - National Code of Practice 2018 (for Registration Authorities and Providers of Education and Training to Overseas Students) and
  - ESOS (Education Services for Overseas Students Act) 2000.

In this regard I confirm that I understand and will adhere to all the obligations of an Educational Agent that are imposed on me by the ESOS Act.

I also confirm that I have not been convicted of engaging in dishonest or deceptive practices; and I will sign a Fit & Proper Person Declaration and have the declaration authorised by an appropriate authority (which are outlined on this Declaration)

<b>NAME OF APPLICANT:</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>

**DOCUMENTS REQUIRED TO BE ATTACHED:**

- **Business Profile**
- **Australian Business/Company Registration Number**
- **Overseas Government Authorised Business Number**