EDUCATION AGENT APPLICATION FORM

1. APPLICATION INSTRUCTIONS

Thank you for your interest in becoming an education agent for Aspire Academy Australia. This application form collects information to assess your suitability and compliance with our ESOS obligations. Please complete all sections thoroughly and accurately. All information provided will be kept confidential.

2. PERSONAL OR ORGANISATION DETAILS

Full Name / Organisation Name:	
Contact Person (if organisation):	
Address:	
Email Address:	
Phone Number(s):	
Country of Operation:	
ABN / Company Registration Number (if applicable):	

3. KNOWLEDGE OF ESOS AND COMPLIANCE

As an education agent, you must understand your obligations under the ESOS Act 2000 and National Code of Practice 2018.

Are you familiar with the ESOS Act 2000 and National Code of Practice 2018? (Yes / No)	
Do you understand international student visa obligations? (Yes / No)	
Can you explain the refund obligations for education providers? (Yes / No)	
Are you aware of complaints resolution procedures for international students? (Yes / No)	
Have you received any formal training on ESOS compliance? (Yes / No) - If yes, provide details:	

4. DECLARATION AND UNDERTAKINGS

Please confirm your understanding of, and agreement to the following obligations:

I will provide accurate, current, and complete information about the RTO and its courses	☐
I will not engage in misleading or deceptive recruitment practices	☐
I will ensure students understand course requirements, fees, visa obligations, and living arrangements	☐
I will act in the best interests of prospective students	☐
I will comply with ESOS Act 2000 and National Code of Practice 2018	☐
I will inform the RTO of any changes to my registration, business status, or contact details	☐
I understand the RTO may monitor my performance and may terminate our agreement if obligations are breached	☐
I confirm the information in this application is true and complete	☐

5. AUTHORISATION AND SIGNATURE

I declare that the information provided in this application is true and complete. I agree to comply with all terms and conditions of the Agent Agreement with Aspire Academy Australia.

Full Name (Print):	
Signature:	
Date:	
Position/Title:	