

Agent Application Form

Legal name
Trading name
Physical address
Australian Company Number (ACN) (if applicable):
Australian Business Number (ABN) (if applicable):
Australian Migration Agency Number (if applicable):
Postal address
rostal address
Telephoneemail
Website:
Website.
BUSINESS BACKGROUND
How long have you been in business?
now long have you been in business:
Number of international students recruited for study in Australia each year:
List of other institutions you are currently representing in Australia:
List of sountwise you analysis from
List of countries you operate from:
List the courses you promote to enrol students into:
and the courses you promote to envolvements into
Names of agent's staff involved in recruiting students

Global Healthcare Management College Pty Ltd The Trustee for GHMC Trust (GHMC)

Agent Application Form

Phone no: 0406781944 | Email: info@ghmc.edu.au/admission@ghmc.edu.au | Website: www.ghmc.edu.au

RTO Code: 45954 || CRICOS Number: 04089J || ABN 40 937 497 385 || Version 2.0



Services provided to	students (Please check in appro	priate box)	
Student counselling	☐ Pre-departure briefing ☐]	
Visa Application	Follow up with parents]	
Other services (Please	e Specify):		
Do you charge studen	ts additional fees for the above serv	rices? Yes	No
How do you promote	international education and how w	ill you promote GHMC?	
Referees			
Please indicate two	referees from Australian educatio	onal institutions that you	represent (one mandatory
Reference 1			
Organisation Name:			
Contact Person:			
Position:			
Address:			
Telephone	Fax	email	
Reference 2			
Organisation Name:			
Contact Person:			
Position:			
Address:			
Telephone	Fax	email	

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As our authorised agent, we are responsible for your actions in marketing our courses and therefore we expect you to market them with integrity and accuracy as outlined in the National Code 2018 (National Code of Practice for Providers of Education and Training to Overseas Students 2018) and ESOS (Education Services for Overseas Students Act) 2000. Please confirm that you have read and understood this Act.

Required attachments (for RTO office use only)		
Agents signature	Date	
Name of agent		
O Yes, I confirm that I have read and understand this act.		

Item	Supplied	Verified	Approved by RTO CEO
Evidence of business registration			
Accountants or lawyers' reference			
Character references			
Completed agent's agreement			

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