

Representative Application Form



www.trinityinstitute.edu.au

COMPANY DETAILS

Trading Name _____
Company Name _____
ABN _____ GST Registered Yes No
Registration Date / / _____
Street Address _____
Postal Address _____
Phone _____ Fax _____
Primary Email _____
Website _____

COMPANY KEY CONTACTS (Please attach separate list if require)

■ MAIN CONTACT PERSON (List the main contact person for your organisation)

Title Name _____
Position _____
Phone _____ Mobile _____
Email _____

■ KEY CONTACTS (List directors, managers, and other key contacts)

Title Name _____
Position _____
Phone _____ Mobile _____
Email _____

AFFILIATED OFFICE (Please attach separate list if require)

Trading Name _____
Title Name _____
Position _____
Address _____
Phone _____ Fax _____
Email _____
Website _____

BUSINESS BACKGROUND

Number of students recruited for Australia in the past 12 months

1-25 26-50 51-75 76-100 101-150 151+

■ STUDENTS (By State)

Percentage of students recruited for Australia (Past 12 months)

NSW % QLD % VIC % WA % Other %

■ STUDENTS (By Sector)

ELICOS % VET %
Higher Education % Other % Please specify

■ STUDENTS (By Nationality)

Which Nationalities do you mainly deal with?

Nationality	Percentage	%
Nationality 1	Percentage	%
Nationality 2	Percentage	%
Nationality 3	Percentage	%

■ Services Provided

Services provided to students

Student counselling Visa application English testing
 Other - Please specify Student support Homestay
 Pre-departure briefing services OSHC

CHECKLIST

Documents _____ Tick (if provided)
Australian Business Number (ABN)
Australian Company Number (ACN)
Migration Agents Registration MARA)

CURRENT AGREEMENTS

Please list the names of the top 4 institutions (students recruited) you represent

1 _____ (VET)
2 _____ (VET)
3 _____ (VET)
4 _____ (VET)

INDUSTRY REFEREE (Please provide two referees)

Trading Name _____
Title Name _____
Position _____
Phone _____
Email _____
Trading Name _____
Title Name _____
Position _____
Phone _____
Email _____

DECLARATION

I certify that the details provided are true and accurate to the best of my knowledge and that I authorise Trinity Institute (Australia) to approach my referees to obtain any information as required.

Signature of Applicant

Title Name _____
Position _____
Date / / _____

Please return completed Representative Application Form to:

Trinity Institute (Australia)

Phone: 02 8897 4212
Email: marketing@trinityinstitute.edu.au
info@trinityinstitute.edu.au
Website: www.trinityinstitute.edu.au

Address:

Level-7,
16-18 Wentworth St
Parramatta NSW 2150

OFFICE USE ONLY

Date Received / / _____
Marketing Manager _____
Comments _____
 References Checked CMS Updated Agreement Issued