Agents Application Form

An education agency wishing to represent Boston Institute must complete this form for review. Only upon its successful review, will the agent be able to represent Boston Institute by signing the Education Agent Agreement provided by Boston Institute. After completing the form, please email the form to Boston Institute.

Company Details	
Registered Company Name	
Head Office Address	
ABN	
Australian Office Address (if available)	
Email	
Contact Phone Number	

Details of Key Personnel	
Director/Owner's Name	
Qualification and Experience in the Australian education agency	
Phone Number	
Email address	
Contact Person's Name	
Phone Number	
Email address	
Number of Employees	

Experience	
Years of experience in Australian education student recruitment	
Number of students you wish to send to Boston Institute per year	
Number of students you send to Australia per year	
Countries where students are recruited from	

	Referee 1	**Referee 2**
Name		
Position		
Institution		
Phone number		
Email address		

ABN: 99 654 736 688
Address: Level 4, 245 Castlereagh Street, Sydney, NSW 2000
Phone: 02 9836 6427
Website: www.bostoninstitute.nsw.edu.au | Email: info@bostoninstitute.nsw.edu.au | CRICOS Code: 04068C

Declaration			
I _____ (Applicant's Name) confirm that the information given in this Education Agent Application Form is true and not misleading.			
Signature		Date:	

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