



CARRICK INSTITUTE OF EDUCATION AGENCY AGREEMENT APPLICATION

* Please forward a copy of your Business Profile with this Agent Application

Company Name:
ABN (If Available):

Main Office Contact Details

Contact Name(s): Position:
Email: Phone:
Website: Fax:
Company
Address (postal):

Agent Details

Years in education consultation: No. Students sent to Australia per year:
Main business:
Services provided to students:
No. of staff in student's section:
Member of Associations:
Countries represented:
Australian Institutions represented:
Have you worked in conjunction with another agent previous?
If Yes, what is the name of this agency?

Referee 1

List **two** referees from Educational Institutes that your Agency represents. One referee **must** be from an Educational Institute in Australia.

Contact Name(s): Position:
Organisation: Phone:
Email: Fax:
Address:

ADELAIDE

BRISBANE

MELBOURNE

SYDNEY

carrickeducation.edu.au

Adelaide 98-100 North Terrace, Adelaide SA 5000 Australia, PO Box 8294 Station Arcade Adelaide SA 5000 Australia T +61 8 8168 6877 F +61 8 8168 6818

Brisbane 252 St Pauls Terrace, Fortitude Valley QLD 4006 Australia, PO Box 2732 Fortitude Valley Qld 4006 Australia T +61 7 3872 3877 F +61 7 3872 3818

Melbourne 370 Docklands Drive, Docklands VIC 3008 Australia, GPO Box 583 Melbourne VIC 3001 Australia T +61 3 9650 6877 F +61 3 9654 6818

Sydney Level 4, 540 George Street, Sydney NSW 2000 Australia, PO Box Q603 QVB Post Office NSW 1230 Australia T +61 2 8236 6877 F +61 2 8236 6818

Carrick Institute of Education Pty Ltd trading as Carrick Institute of Education and Carrick English Language ABN 90 129 017 385 VIC CRICOS 03008A NSW CRICOS 02920K SA CRICOS 03067A QLD CRICOS 03062F

Carrick Higher Education Pty Ltd ABN 31 120 525 895 VIC CRICOS 02879F NSW CRICOS 02984E SA CRICOS 03032A QLD CRICOS 03085K

Catherine Carrick trading as Carrick Institute of Education ABN 99 745 945 713 VIC CRICOS 00184J NSW CRICOS 02428M

Carrick Education Group Pty Ltd ABN 50 063 293 827

**Referee 2**

Contact Name(s):	Position:
Organisation:	Phone:
Email:	Fax:
Address:	

If you have other offices operating, please provide details of each office.

Other Branches Details

Branch Name:	
Contact Name(s):	Position:
Email:	Phone:
Website:	Fax:
Company Address (postal):	

Branch Name:	
Contact Name(s):	Position:
Email:	Phone:
Website:	Fax:
Company Address (postal):	

Branch Name:	
Contact Name(s):	Position:
Email:	Phone:
Website:	Fax:
Company Address (postal):	

Branch Name:	
Contact Name(s):	Position:
Email:	Phone:
Website:	Fax:
Company Address (postal):	

DECLARATION: I am interested in representing Carrick Institute of Education as an education agent and I agree to do so in an honest and professional manner.

Signature	Date
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Agent Management Form AMF 1
Agency Agreement Application

Implemented: January 2007
To Be Reviewed: January 2008

Version: 1.5
Responsibility: Group Customer Service Manager

ADELAIDE**BRISBANE****MELBOURNE****SYDNEY****carrickeducation.edu.au**

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