

Company Details and Background
Company / Business Name:
Trading name (if different from Company name)
ACN/ABN Number (if available):
Years Established:
Website details:
Name of Director/ CEO:
Town and Country of Company/ Business Registration:
Business Address
Phone:
Email:
Website:
Please describe your business activities
Number of staff:
Number of international offices:
Locations of International Offices:
Educations of international offices.
Director and Employee Details
Person 1
Name:
Position:
Qualifications and previous experience:

Heyden Lakes Pty Ltd trading as Oscar Institute | RTO No. 21118 | CRICOS: 04300M | Website: www.oscarinstitute.edu.au Suite 2.03, Level 2, 138 - 142 Nicholson Street, Footscray VIC 3011 | Phone: 0459 328 297 | Email: info@oscarinstitute.edu.au Education Agents Application Form V 1.0 | Last reviewed: Dec 2024 | Not controlled when printed | Page 1 of 5



Membership of education agent professional bodies:
Person 2
Name:
Position:
Qualifications and previous experience:
Membership of education agent professional bodies:
Person 3
Name:
Position:
Qualifications and previous experience:
Membership of education agent professional bodies:



Do you have any employee/staff/contractor and/or sub-contractor including yourself, a registered migration agent? If yes please list them below with their MARN details and email addresses.	3,
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Potential Markets and Services to be Provided	
What are your target markets?	
What marketing strategies will you use to promote our courses?	
Please outline any support services that you offer prospective students.	



Do you charge students any fees for your service? If YES, please provide details of the services and relevant fee for each
Agency Performance and Compliance
How many Australian education institutions are you currently representing?
How many students have you referred to Australian educational institutions in the past 2 years?
Please briefly outline how you and your organisation will fulfil your responsibilities as an education agent as required by National code 2018. Please attach additional information such as company flyers etc. if required.
Do you have a comprehensive understanding of the requirements of the ESOS Act and National Code? ☐ Yes ☐ No
Do you regularly monitor the Australian Department of Home Affairs (DHA) website and the Department of Education? ☐ Yes ☐ No
Are you willing to comply with the requirements of Oscar Institute regarding advertising, course materials and application procedures, and provide accurate information to students?
□ Yes □ No
Are you prepared to use the marketing materials provided by Oscar Institute to promote our courses?
□ Yes □ No
Additional Information
Please provide any other information that you think will support your application.
Deferences
References

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Please provide details of at least 3 Australian educational institutes that we can contact for a reference.	
Institution 1	
Name of Institution	
Contact Person	
Position	
Phone Number	
Email Address	
Dates when you worked with them	
Institution 2	
Name of Institution	
Contact Person	
Position	
Phone Number	
Email Address	
Dates when you worked with them	
Institution 3	
Name of Institution	
Contact Person	
Position	
Phone Number	
Email Address	
Dates when you worked with them	
Declaration	
In signing this agreement, you declare that	
 You have read and understood the extract from the ESOS Act 2000 Obligations of Agents. The answers and details provided in this application are true, accurate and complete. Oscar Institute is authorised to contact the referees listed to collect information about my conduct and services. You acknowledge and agree to the privacy statement provided below. 	
Privacy Statement: All information collected, used or disclosed by Oscar Institute is confidential and is protected by Privacy Act 1988 and other relevant legislation. Oscar Institute policy is outlined in the Information Privacy Policy avail from our website. Information about Agents or students may be made available to Commonwealth and State agencine required to provide the information by law.	lable
Signature: Date: / /	
Printed Name: Position:	

Please return this form along with supporting evidence (where applicable) to Oscar Institute at the below address.