



Please complete all sections of this form. Write 'N/A' for sections that do not apply.

Section 1 – Business Details

Business Legal Name:

Business Trading Name:

Section 2 – Senior Contact

Position Title:

Email:

Website:

First Name:

Last Name:

Direct Tel No:

Mobile:

Address:

MARA No (If applicable):

Section 3 – Person in charge (if different from Section 2)

Position Title:

First Name:

Last Name:

Tel No:

Mobile:

Email:

Section 4 – Business Profile

What are the nationalities of students you deal with?

Do you have offices or sub agents overseas? If yes, please specify the countries.

Please provide a brief profile about your company:



Please attach Government Certified Documents to confirm registration of your business. This may include ASIC documents or overseas Business Registration documents.

Section 5 – References

Please list details of two (2) current referees from Colleges or Institutions (preferably from Australia) who you deal with.

College Name:

Contact Person's First Name:

Last Name:

Position Title:

Address:

Tel No:

Mobile:

Email:

How many years have you been working with this College?

College Name:

Contact Person's First Name:

Last Name:

Position Title:

Address:

Tel No:

Mobile:

Email:

How many years have you been working with this College?

I authorise MVJ Enterprises Pty Ltd t/a Perth College of Beauty Therapy, YES College to contact and discuss the nature of my relationship with the referees I have listed in the Education Agent Application Form. I consent to and understand that the purpose of the discussion with my referees is to enable MVJ Enterprises Pty Ltd t/a Perth College of Beauty Therapy, YES College to determine my suitability to represent them as their authorised agent and may contain sensitive information in my previous dealings with them. I understand that MVJ Enterprises Pty Ltd t/a Perth College of Beauty Therapy, YES College will only use information collected during the selection process for the purposes of that process, or a closely related secondary purpose, and that the information will not be used for any other purpose without my written consent.

Section – 6 Authorised delegate to sign:

Full Name:

Signature:

Position Title:

Date:

Day

Month

Year

Please return this form to info@yescollege.com.au