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

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| 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): |  |

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| Section 3 – Person in charge (if different from Section 2) |
| Position Title: |  |
| First Name: |  | Last Name: |  |
| Tel No: |  | Mobile: |  |
| Email: |  |  |  |

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

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| 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.

|  |
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| Section – 6 Authorised delegate to sign: |
| Full Name: |  |
| Signature: |  |
| Position Title: |  | Date: | Day | Month | Year |
|  |  |  |
| Please return this form to info@yescollege.com.au |