



Equanimity Consultants Pty Ltd
 T/A Empyrean Education Institute
 ABN: 70080503091
 16 The Terrace Fremantle
 W.A 6160
 (08) 9228 1600
 www.eei.wa.edu.au
 RTO ID: 52118 CRICOS: 03275D

EDUCATION AGENT APPLICATION FORM

| | | | |
|---------------|--|----------|--|
| Date: | | | |
| Name: | | | |
| Legal Entity: | | | |
| Trading Name: | | | |
| ABN: | | | |
| Address: | | | |
| | | | |
| | | | |
| Phone: | | Fax: | |
| Email: | | Website: | |

Section 1: Company Description

Please provide a description of your company:

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Section 2: Key Personnel

Please provide an overview of the key personnel within your company: (Attach additional pages as required)

| | | | |
|------------|--|-----------|--|
| Name: | | Position: | |
| Background | | | |
| Name: | | Position: | |
| Background | | | |

Section 3: General

Are you an authorised agent or member of an agent's association?

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What services do you provide or intend to provide to prospective students?

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What is your main country of operations?

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What are your Fees and Charges?

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Section 4: Referees

Please provide 2 referees:

Referee 1

| | | | |
|----------|--|----------|--|
| Name: | | | |
| Address: | | | |
| | | | |
| | | | |
| Phone: | | Fax: | |
| Email: | | Website: | |

Referee 2

| | | | |
|----------|--|----------|--|
| Name: | | | |
| Address: | | | |
| | | | |
| | | | |
| Phone: | | Fax: | |
| Email: | | Website: | |
| | | | |

Authorisation

Authorisation for Processing

| | | |
|---------------------|----------|--------|
| Action to be taken: | APPROVED | DENIED |
| Date Effective: | | |

Comments:

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| | | | |
|-------------|--|-----------------|--|
| Signed: | | Position: | |
| Print Name: | | Date Processed: | |