

BROWNS

English Language School

Application for representation of BROWNS English Language School

Business Name: _____

Office Location: _____

Telephone: _____ Fax: _____

Email: _____ Website _____

Business History

How long have you been in operation as an education agent? _____ (Please provide a business plan if your company is new).

Does your company deal in areas other than international education? _____

What is the total number of students that your office recruits each year? _____

Where (which countries) do you send most of your students? _____

Do you work with any other education agents as a partnership or an affiliation? _____

Do you represent any other Australian institutions?(If Yes, please describe the institutions' names.) _____

Agency information

Key staff contact (1) _____ Position _____

Key staff contact (2) _____ Position _____

Have you or any of your counsellors ever visited Australia? _____

**LEVEL 1, 8 SCARBOROUGH STREET,
SOUTHPORT 4215, GOLD COAST, QUEENSLAND**

TEL: (07) 5561 1192 FAX: (07) 5561 1196

EMAIL: info@brownsels.com.au WEB: www.brownsels.com.au

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Referees

Please include the details of two referees we can contact, including one educational institution.

Name: _____ Name: _____

Title: _____ Title: _____

Company name: _____ Company name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Signed: _____

Print Name: _____

Position: _____

Date: _____

Thank you for taking the time to complete this form.

Please return to: Marketing Manager

BROWNS English Language School

CRICOS Provider No 02663M

Fax: +61-7-5561-1192

E-mail: info@brownsels.com.au

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