



**La Lingua**

Language School

ACN: 003 863 296

CRICOS PROVIDER: 02117D

**SPEAK COLLEGE PTY LTD**  
**(ABN: 49 003 863 296)**

Level 6, 770 George Street Haymarket  
2000 NSW Australia  
+61 2 9281 0157  
info@lalingua.com

Application to promote  
**LA LINGUA Language School in Sydney, AUSTRALIA**  
as a recommended school

**COMPANY PROFILE**

Business name:	
Trading name:	
ABN:	
Office location:	
Name of managing director:	
Telephone number:	
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.

What nationalities are you targeting? \_\_\_\_\_

Does your company deal in areas other than international education? \_\_\_\_\_

What is the total number of enrolments that your office processes 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 promote any other Australian institutions? \_\_\_\_\_

\*if yes, please provide the names of the institutions?  
\_\_\_\_\_  
\_\_\_\_\_

**AGENCY INFORMATION**

Key staff contact (1) \_\_\_\_\_ Position \_\_\_\_\_

Key staff contact (2) \_\_\_\_\_ Position \_\_\_\_\_

Have you or any of your counsellors ever visited Australia? \_\_\_\_\_

Are you on the Register of Migration Agent, held by the Office of the Migration Agents Registration Authority? YES/ NO If yes, please provide MARA Id; \_\_\_\_\_

Which of the following courses are you interested in promoting?

- General English: Conversation-Centred ( )    ■ General English: 4 Skills ( )
- EAP ( )    ■ IELTS Preparation ( )    ■ TECSOL ( )    ■ TESOL ( )
- FCE ( )    ■ Business English ( )    ■ Study tour ( )
- Other \_\_\_\_\_

**REFEREES**

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

Referee 1:

Name:		Title:	
Business/institution name:			
Address:			
Telephone:		Email:	

Referee 2:

Name:		Title:	
Business/institution name:			
Address:			
Telephone:		Email:	

Please describe your reasons for wanting to promote La Lingua Language School Sydney as a recommended school.


What is the time frame in which you expect to enrol (on behalf of the student) the first student with La Lingua Language School Sydney, AUSTRALIA?

less than 3 months (     ) 6 months (     ) 1 year (     ) more than 1 year (     )

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_