



New Agent Reference Check

Name of Agent: _____

Country: _____

Institution Name:			
Referee's Name:			
Phone:		Fax:	
Email:			

1. Is the Agent registered with your institute? Yes No

2. How long has your institution been working with this agent? _____

3. How do you find the quality of applications being submitted by this agent?

Excellent		Very Good		Good		Fair		Poor	
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4. Please rate the Agent in respect to payment and Administration requirements.

Excellent		Very Good		Good		Fair		Poor	
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5. How many students are referred by this agent to your institution annually? _____

6. Generally speaking, how is the attendance record of students referred by this agent?

Excellent		Very Good		Good		Fair		Poor	
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7. How cooperative/supportive is this agent with post enrolment issues/problems their students may have?

Excellent		Very Good		Good		Fair		Poor	
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8. Would you recommend this Agent? Yes No

9. Any additional comments:

I declare that all of the information given is correct.

Name (Print) _____ Signed _____ Date: _____



Please return to :

Daman Bedi

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OFFICE USE ONLY-

Agent Approved ? Yes ___ No ___

Agent Agreement sent ? Yes ___ No ___

Entered on Database ? Yes ___ No ___

Signed _____ Date _____

SKILLS
INSTITUTE AUSTRALIA