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 ☐

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

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 ☐

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

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  
Skills Institute Australia  
1/10, Judds Ct, Slacks Creek QLD, Australia 4127  
Postal Address: PO BOX 44, Underwood QLD, Australia 4119  
M: +61 4188 75270 | T: +61 1300 078089  
E: info@skills.qld.edu.au | W: http://www.skills.qld.edu.au

OFFICE USE ONLY-

Agent Approved? Yes___ No___
Agent Agreement sent? Yes___ No___
Entered on Database? Yes___ No___

Signed __________________________ Date ____________