



AGENT REFERENCE CHECK FORM

To be completed by referee

REPRESENTATIVE DETAILS			
Representative (Agency) Name:			
Contact Person			
REFEREE DETAILS			
Referee Name			
Referee Position			
Institution Name			
Contact Number		Email Address	
REFEREE FEEDBACK			
When was the representation established with your organization?			
What is the overall quality and performance of this representative?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good
	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
How do you find the quality of applications being submitted by this representative?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good
	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Approximately how many students has this representative referred to your institution annually?			
Does the representative have a proper business set up? (Business registration, office, website etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the representative upheld the good name of partners and Australia at all times and have they proven to be reliable and ethical when recruiting students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the representative possess the ability to assess and match the educational needs and proficiency of prospective students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the representative provided accurate, truthful and timely information on the application procedures, course details, course fees, fee protection scheme, medical insurance, immigration regulation, student service and graduation to students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any complaints from students or other agents about this agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you recommend us to collaborate with this agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any additional comments			
REFEREE DECLARATION			
I declare that all the information given is correct to the best of my knowledge and abilities			
Approving Authority Details			
Signature		Date	



For Office Use Only			
Reference check done by: (Name)		Position	
Signature		Date	
Recommendations			