

AGENT REFEREE CHECK FORM



Complete this form in BLOCK LETTERS and EMAIL to: recruitment@analyticsinstitute.edu.au

This reference check is for:

Agent Name:

Agent Address:

Referee to complete the following section

Name of Referee's Institution:

Referee's Office Address:

Contact Person:

Phone:

Fax:

Email:

Questionnaire

Is the Agent registered with your Institute?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How long has the Agent been working with your Institute?	Year	<input type="checkbox"/>	Month	<input type="checkbox"/>
Approximately how many students has this Agent referred to your Institute?	Per Semester	<input type="checkbox"/>		
	Per Year	<input type="checkbox"/>		
Do they fulfil your application requirements and provide complete and accurate information with certified documents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do they provide the right information and screen candidates for their eligibility appropriately during the application stage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the Agent provide the student with the following information?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Entry requirements, Duration of Course, Fees, Refund policy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Information on Australia, Living Costs, Accommodation options, schooling costs for aged dependents	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Campus Location	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Institution Facilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the Agent co-operate and support your Institution with post enrolment issues or problems regarding their stay with your Institute?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you recommend this Agent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

FOR OFFICE USE ONLY

Marketing Manager:

Recommendations:

Signature:

Date: