



AGENT REFERENCE CHECK FORM

FOR OFFICE USE ONLY

Approved Not Approved
Checked by _____ Date (/ /)

Please forward the completed application to
admin@camberwellcollege.com.au

AGENT'S DETAILS

Company Name

Country

REFEREE'S DETAILS

Referee Name

Institution Name

Name:

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 Good Fair Poor

4. Please rate the agent in respect to payment and administration requirement.

Excellent Good Fair Poor

5. No of students being referred by this agent. _____

6. How cooperative and supportive is this agent with post enrolment issues & problems?

Excellent Good Fair Poor

7. Communication and professional skills of the agent

Excellent Good Fair Poor

8. Would you recommend this agent? Yes No

9. Any Additional Comments _____

DECLARATION

I declare that the information provided above is correct.

Name

Position held

Date

Should this document be returned by email in types of PDF format, with all information given it will be deemed as being signed by the applicant.