

Agent Reference Check Form

Agent Company Name: _____

Address: _____

Contact: _____

REFEREE

Date	Name
Phone	Email:
Have you been working with this agent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How long has the 'Agent' represented your institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many student has the 'Agent' successfully recruited for the institution over past 2 years?	
Have you had any problems when dealing with this 'Agent' before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did this 'Agent' demonstrate appropriate knowledge and understanding of the Australian International Education Industry?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did this 'Agent' engage in, or was found to have previously dishonest practices, including the deliberate attempt to recruit a student where this clearly conflicts with the obligations of the Provider?	YES Specify _____ <input type="checkbox"/> No
Other comment:	

MIC authorised signature and date: _____