Greenhill Institute Pty Ltd t/a Greenhill Institute
RTO NO. 45872 **I CRICOS NO.:** 04029K
Suite 2 - 17 David St Brunswick Vic 3056
Ph:1300136859 | **W:** greenhillinstitute.vic.edu.au
E: info@greenhillinstitute.vic.edu.au
ABN: 36650308875

AGENT REFERENCE CHECK FORM

Agent Name: .....

Agency Name .....

Country: .....

Name of Referee's Institution:	
Officer's name:	
Position:	
Phone:	
Email:	

PLEASE RATE THE FOLLOWING ASPECTS FROM 1 TO 3 (1 - Did Not Meet Expectations, 2 - Met Expectations, 3 - Exceeds Expectations)	
1. How do you find the quality of applications being submitted by this agent?	
2. Please rate the agent in respect to payment and administration requirements.	
3. Generally speaking, how is the attendance record of students referred by this agent?	
4. Approximately how many students are referred by this agent to your institution annually?	
5. How long has this agent worked with your institution?	
6. Are they cooperative/ supportive with post enrolment issues/problems their students may have?	☐ YES ☐ NO
7. Do they refer students with a genuine intention to study?	☐ YES ☐ NO
8. Do they provide accurate enrolment and marketing information to students?	☐ YES ☐ NO
9. Would you recommend this agent?	☐ YES ☐ NO

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10. To your knowledge, has this agent been involved in unethical behaviour according to the ESOS Act 2000/National Code 2018?

☐ NO ☐ YES, if yes please provide further information.

11. Any Concern or relevant feedback?

Referee's Signature: _____ Date: _____/_____/_____

FOR OFFICE USE ONLY

☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

Approved: ☐ Yes ☐ No (Before approving check, the guidelines on managing education Agent Kit)

Reference check conducted via: ☐ Phone ☐ Email.

Authorised Staff: _____Signature: _____ Date: _____/_____/_____