Education Agent Reference Check Form



Education Agent Name:						
Country:						
Referee's Institution:						
Name:				Title:		
Phone:		Email:				
Please give a brief summary	of your business dealin	gs with this	Educat	ion agent		
How long has this education	agent worked with inst	titution?				
How do you rate the education agent's level of understanding of the ESOS Act, NCP 2018 and Australian visa regulations etc.?		☐ Excellent ☐ Very Good ☐ Good ☐ Below Average ☐ Additional Comments:				
Have you found the educati ethical?	on agent to be reliable a	and		s □ No ditional Comn	nents:	
What is the quality of the education agent's paperwork and necessary documents?		☐ Ver ☐ Go	☐ Excellent ☐ Very Good ☐ Good ☐ Below Average ☐ Additional Comments:			
What has been the general of education agent?	quality of the applicants	s from this	☐ Ver ☐ Go	ellent ry Good od ow Average ditional Comn	nents:	

PAX Institute of Education Pty Ltd T/A PAX Institute of Education	CRICOS No: 03152D	RTO No: 22207	www.pax.edu.au	
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What is the education agent's application to enrolment conversion rate for your institution?	☐ Excellent ☐ Very Good ☐ Good ☐ Below Average ☐ Additional Comments:
How many students have enrolled through this education agent in the past 12 months?	
Would you recommend this education agent?	□Yes □ No
Other comments/relevant information:	

We appreciate you taking the time to complete this form. Please return it via email to:

PAX Institute of Education Pty Ltd

RTO Code: 22207 CRICOS Code: 03152D

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	For office use only:
Approved: □Yes Staff Member:	□ No
Position:	
Signature:	
Date:	