



Hays International College

CRICOS Number: 02790D Provider Number: 21838

STUDENT FEEDBACK FORM FOR AGENT

(This form is to be completed by the Student on their orientation day)

Agent's Name:	
Agent's Country:	
Course Enrolled:	
Did the Agent informed you of the following:-	
Cost of Living & Studying in Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Genuine temporary requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum level of English Proficiency required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visa Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overseas student health insurance requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirements for Eligible family members or dependants accompanying you	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Agent informed you of the following information about the course :-	
Entry Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Description of Course Content	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duration of the course	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mode of Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fees and Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refunds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the agent provide general descriptions of Hays International College's :-	
Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Agent explain the obligations regarding the 'mandatory' reporting of unsatisfactory attendance and unsatisfactory course progress and the possibility of visa cancellation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the agent review your application to ensure that all parts were completed in full?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments:	

Form Received by (initials): _____	Date: _____
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