



# Hays International College

CRICOS Number: 02790D Provider Number: 21838

## STUDENT FEEDBACK ON AGENT FORM

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

Agent's Name:		
Agent's Country:		
Course Enrolled:		
<b>Did the Agent inform you of the following:-</b>		
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
<b>Did the Agent inform you of the following information about the course :-</b>		
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
<b>Did the agent provide general descriptions of Hays International College's :-</b>		
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
<b><u>Additional Comments:</u></b>		

Form Received by (initials): _____	Date: _____
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