



Consultancy Application

Name of the Owner _____

Name of the Business _____

Contact Details

Operator's License granting body _____ License No _____

Full operational offices address

How many visas applied for? _____ Accepted: _____ Rejected: _____

Which countries? _____

Visa Success Rate _____

How do you monitor academic suitability of students?

How do you monitor English language level? _____

How do you monitor the financial viability of the student?

How do you market your services? (Please send example)

How many applications did you forward to UK institutions? _____

What is your percentage success rate of applications to enrolments? _____



Please give example of the UK institutions _____

Do you keep in touch with the students once they have enrolled? _____

How do you monitor how successful your students are academically?

Do students have an opportunity to feed back on experiences at university/college? _____

How often do you visit the institution you represent? _____

How do you keep up to date with current visa regulations?

Do you charge the student for your services? _____

If so, how much? _____

Please provide three referees. We will take up these references and on satisfactory response from referees we will proceed with your application to become an authorised agent.

Referee 1

Institute Name & Address

Tel: _____

Email: _____

Referee 2

Institute Name & Address

Tel: _____

Email _____

Referee 3

Institute Name & Address

Tel: _____

Email: _____

Bank Details

Bank Name & Address

Account No: _____

Sort Code: _____



I solemnly declare that all the information supplied is true to best of my knowledge.

Full Name: _____

Job Title: _____

Signature: _____

Date: _____

In order for us to process your application promptly, please ensure that all questions are answered.

For Official Use Only

Application Received: _____

Application Processed: _____

Name of Processor: _____

Date References sent: _____

Date References received: 1) _____ 2) _____ 3) _____

Out Come of references:	Poor	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Poor	<input type="checkbox"/>
	Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Good	<input type="checkbox"/>
	Excellent	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Excellent	<input type="checkbox"/>

Decision Accepted _____ Rejected _____

Authorised By: Name: _____ Signature: _____

Comments
