

**SPECIALTY LANGUAGE CENTRE
OXFORD COLLEGE, SYDNEY**Provider: Cyneast Pty. Ltd. trading as above. Provider No.: 00048F
Registered with the Australian Government

A.C.N 002 834 166

**English Language,
High School (Years 10 – 12),
Diploma of Management, Advanced Diploma of Business,
Diploma of I.T. and Preparation for Further Studies**

Level 6, 815 George Street, Sydney, N.S.W. 2000, Australia
Postal: P.O BOX K392 Haymarket, Sydney, N.S.W. 1240, Australia
Website (Homepage): <http://www.specialty-language.com.au>
Or <http://www.oxford-college.com.au>
E-mail: info@specialty-language.com.au
Or info@oxford-college.com.au
Tel: (61 2) 9211 7411 Fax: (61 2) 9212 3861

Details Update Form

Dear Agent,

This is a details update form to enquire about your current organisations' contact details.

We would appreciate your response by answering the following questions:

Date: / /		
Contact Name:	Owner's Name:	
Company Name:	Director's Name:	
Business Name:	Are you dealing with SVP (Streamlined Visa Process) Institution?	
Office Address:	Postal Address:	
If you are dealing with other College/s in Australia, please specify its: Name of College: Location: Contact person: How long have you been sending students to that College?:		
Do you have a particular College as a referee from whom we can obtain a reference about your agency? College's Name: Contact person: Contact's Email:		
IMPORTANT!! Please tell us how many students we can expect from you within the next 3 months and also within 6 months. We must avoid such a situation that the agreement will fruitlessly elapse. Students' Admissions: _____ students within 3 months _____ students within 6 months Number Number		
What nationality are the students you recruit?		
Name and education background of your key staff member who will assist your student customer for selection of student and preparation of visa application and a telephone interview with Immigration Dept. Case Officer (Embassy/High Commission/Consulate).		
What was visa success rate of your student customers to Australia in last 12 months?		
E-mail Address:		
Telephone Number:	Country code: City code: Number:	
Facsimile:	Country code: City code: Number:	
What do you see your future enrolment prospects to be most interested in?	Marketable Tuition Fee	Desired Agent Commission Rate (%)
<input type="checkbox"/> English Course	_____	_____
<input type="checkbox"/> High School Preparation Course	_____	_____
<input type="checkbox"/> Junior High School Year 10	_____	_____
<input type="checkbox"/> Senior High School Years 11 & 12	_____	_____
<input type="checkbox"/> Certificate and Diploma of I.T.	_____	_____
<input type="checkbox"/> Certificate, Diploma and Advanced Dip of Management	_____	_____
Do you require any additional specific course information apart from brochure? Please specify.		
If you recall the last time you sent a student/s to us when was this?	Date: ___ / ___ / ___ (Day) (Month) (Year)	
Any suggestions to promote our college to your prospective students more effectively?		

Return to: Specialty Language Centre or Oxford College or Oxford College, Sydney
Fax: (61 2) 9212 3861 or
E-mail: info@specialty-language.com.au, info@oxford-college.com.au or
Post to: P.O. Box K392, Haymarket, Sydney NSW 1240, AUSTRALIA

PLEASE PROVIDE A COPY OF YOUR COMPANY/BUSINESS REGISTRATION PAPER SUCH AS ABN REGISTRATION PAPER TOGETHER WITH THE ABOVE FORM.