# OXFORD COLLEGE

Provider: Advanced Academy Pty. Ltd. trading as above. Provider No.: 02570E
A.C.N 106 061 769

# SPECIALTY LANGUAGE CENTRE
# OXFORD COLLEGE OF ENGLISH
# OXFORD COLLEGE, SYDNEY

Provider: Cyneast Pty. Ltd. trading as above. Provider No.: 00048F
*Registered with the Australian Government* A.C.N 002 834 166

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
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Tel: (61 2) 9211 7411 Fax: (61 2) 9212 3861


***English Language,***
***High School,***
***Diploma of Management, Advanced Diploma of Business,***
***Diploma of I.T. and***
***Preparation for University Studies***

## Agreement Renewal 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:** | |
| **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!! If you have not sent any students for the last 6 months, 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 uselessly elapse.**
**Students' Admissions:** ☐ Number **students within 3 months** ☐ Number **students within 6 months**

**What nationality are the students you recruit?**

**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 (%) |
|---|---|---|
| ☐ English Course | | |
| ☐ High School Preparation Course | _____ | _____ |
| ☐ Senior High School Years 10, 11 & 12 | _____ | _____ |
| ☐ Certificate and Diploma of I.T. | _____ | _____ |
| ☐ Certificate, Diploma and Advanced Diploma of Management | _____ | _____ |

**Do you require further copies of the following materials? If yes, please tick.**
☐ Brochure How Many? _____
☐ Any other specific course information
Please specify: .....
.....

**If you recall the last time you sent a student/s to us when was this?** Date: / / (Day) (Month) (Year)

**New Course: English for Nursing and other Healthcare Professionals (ENOHCP)**

**Return to:** **Specialty Language Centre, Oxford College of English 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.**