

Business name: _____

Address: _____

Contact name: _____

Office phone no.: _____ Mobile: _____

Email address: _____

Website: _____

MARA no.: _____ *(if registered in Australia)*

Please attach Government Certificated Document if you are not registered in Australia to confirm your Business.

Please list details of three (3) current referees from Colleges in Australia who you deal with

1. College name: _____

Contact name: _____

Email address: _____

Address: _____

Phone no.: _____

How many years have you been working with this college: _____

2. College name: _____

Contact name: _____

Email address: _____

Address: _____

Phone no.: _____

How many years have you been working with this college: _____

3. College name: _____

Contact name: _____

Email address: _____

Address: _____

Phone no.: _____

How many years have you been working with this college: _____

Please provide a brief profile about your company (you can attach additional pages if required)

Please provide a detailed breakdown of your student visa outcomes from the last 12 months (*the total number of Australian visas lodged, visas granted and visas refused, as well as reasons for refusal*)

Please list all the countries that you have a physical office located

How many students do you anticipate referring to QTHC over the next 12 months?

Authorised delegate to sign:

Name (print): _____

Signature: _____

Title: _____

Date: ____ / ____ / ____

Please return this form to: Quality Training & Hospitality College
Suite 3, Level 1, 8 Greenhill Road
WAYVILLE SA 5034

or International@qthc.edu.au