AGENCY APPLICATION FORM

Agent Details	
Agency Name:	
Street Address:	
Postal Address: (if different)	
Website:	
Social Media Links:	
Office Phone Number: ( )	
Emergency Contact Number: ( )	
Which countries do you recruit students from?	
Which countries do you send students to?	

How many secondary age school students do you send abroad each year?	To NZ?
How many primary age school students do you send abroad each year?	To NZ?

How many years has the agency been operating?	How many offices do you have?

Where are your offices located?
Have any of your staff members visited NZ before?
Are you willing to have staff visit New Zealand in the future?
Please list any of your staff who have completed the Education New Zealand education agent online training:

	Date Completed:
	Date Completed:

Contact Details	
Please provide details of the main contact person in the first row.	
1. Name:	Email:
Mobile Phone:	Position/Responsibilities:
2. Name:	Email:
Mobile Phone:	Position/Responsibilities:
3. Name:	Email:
Mobile Phone:	Position/Responsibilities:

References	
Please provide the name and contact details for four referees. If your organisation is currently providing services to New Zealand schools, two of the referees that you offer must be New Zealand schools. For other referees, those resident in New Zealand are preferred.	
Referee 1:	
Contact Person:	Email:
Referee 2:	
Contact Person:	Email:
Referee 3:	
Contact Person:	Email:
Referee 4:	
Contact Person:	Email:

Declaration	
I/We declare that the information provided in this application form is true and correct. I/We agree that information provided in this form and information collected from the referees nominated in this form may be shared for the purposes of conducting appropriate due diligence on the agency as required by the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021.	
Name:	Position:
Signature:	Date: