

EDUCATION RECRUITMENT AGENT APPLICATION FORM

1. CONTACT DETAILS

Name of agent/company/organisation: _____

Registered company name: (if available) _____

Trading Name: (if available) _____

Name of owner of agent/company: _____

Name of Manager/Director: _____

Name of Contact Person: _____

Street Address of Head Office: _____

Telephone #: _____ Mob #: _____

Fax #: _____ Skype: _____

Email: _____ Website: _____

For NZ on-shore agent ONLY, please provide:

Your IRD number: _____

OR

Your G.S.T number: _____

2. EXPERIENCE & BACKGROUND

2.1 Are you accredited to act as an education agent in your country?

If you are legally required to be registered as an agent, please provide evidence with a copy of your registered license.

- Yes No

2.1 In which year did your company first start operations as an education agent?

Year: _____

2.2 Which of the following activities has your company been involved in the past?

- Immigration consultancy Offering in-market courses
 Student recruitment ONLY

2.3 How many of your staff are engaged in full time education consultancy:

- 1 – 3 3 – 5 5 – 8 8 +

2.4 How many students does your company enroll in education institutions each year? :

- 1 – 15 15 – 50 50 – 100 100 +

2.5 How many students did you send to New Zealand last year?

- 1 – 15 15 – 50 50 – 100 100 +

2.6 For which education level do you currently recruit?

- English Language Secondary School
 Certificate, Diploma Undergraduate (Bachelor)
 Foundation Post Graduate (Master's degree, Ph.D)

2.7 Do you have branches/partners/subcontractor:

Number of Branches/Subcontractors: _____ (excluding the Head Office)

Please list the name of your major branch locations/contractors:

- 1) _____ Contact Person: _____
2) _____ Contact Person: _____
3) _____ Contact Person: _____

3. SERVICES PROVIDED BY YOUR AGENT/COMPANY/ORGANISATION

3.1 Do your students pay your company a service fee? :

Yes , how much per application _____ No

4. BUSINESS CREDENTIALS

4.1 Please provide details of one referee from a NZ College/School/University, that you currently represent:

Name: _____
Address: _____
Telephone: _____
Email: _____

Name: _____
Address: _____
Telephone: _____
Email: _____

5. PLEASE ENCLOSE WITH THIS FORM:

Your company/organization profile **OR** A copy of your ID card or Passport

DECLARATION

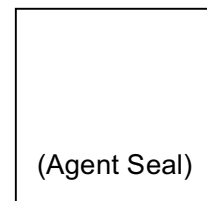
Please read the declaration below: I confirm that I have all the necessary registrations, accreditations and permissions to act as an education agent in all the territories which I have nominate, and understand that I must notify EDENZ if any changes occur in the registration status of my agency.

I undertake that the information provided in this application is a true and accurate record as to the operation of the educational agency I represent.

Signed on behalf of the agent with seal:

Name: _____

Position: _____



EDENZ OFFICE USE ONLY

Reference check, conducted by _____

Date _____

Approved by _____

Date _____

Agent Agreement signed and received

Enter in the SMS by/Marketing Manager is: _____

Created in SMS Date: _____