



**Sacred Heart
Girls' College**
HAMILTON • NEW ZEALAND



Agency Application Form

AGENT DETAILS

Agency Name:

Street Address:

Postal Address: *(if different)*

Website:

Social Media Links:

Intended Start Date:

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?

And to NZ?

How many **primary-age school students** do you send abroad each year?

And to NZ?

How many years has the agency been operating?

How many offices do you have?

Where are your offices located?

How many staff members have visited NZ before?

Are you willing to have staff visit NZ in the future?

Please list any of your staff who have completed the Education NZ Education Agent Online Training?

Date Completed:

CONTACT DETAILS

Please provide details of the main contact person in the first row.

Name:

Email:

Mobile Ph:

Position:

Name:

Email:

Mobile Ph:

Position:

Name:

Email:

Mobile Ph:

Position:

REFERENCES

Please provide the name and contact details for four referees. If your organisation currently provides services to New Zealand schools, two of the referees you offer must be from 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 International Students) Code of Practice 2016.

Name:

Position:

Signature:

Date:
