

Agent Application Form

Please complete this application form in full and send electronically to our Business Relationship Manager, Priya Kumar, priya@ncbt.ac.nz .

Please write in BLOCK letters only.

A. Contact Details

A1	Name of Organisation:	<hr/>
A2	Registered company name:	<hr/>
A3	Trading Name:	<hr/>
A4	Name of owner(s) of Company:	<hr/>
A5	Name of Chief Executive/ Director:	<hr/>
A6	Name of contact person:	<hr/>
A7	Street Address of Head Office:	<hr/>
	Postcode	<hr/>
	State and Country	<hr/>
A8	Telephone Number:	<hr/>
A9	Mobile Number:	<hr/>
A10	Fax Number:	<hr/>
A11	Email:	<hr/>
A12	Skype ID:	<hr/>
A13	Website:	<hr/>



B. Experience and Background

B1 Are you accredited to act as an education agent in your country?

Note: Applicants from the Peoples Republic of China must provide evidence that they hold a license to act as a registered agent, or that they have a contract with a registered license holder)

<input type="checkbox"/> Yes (If Yes please provide details below)	<input type="checkbox"/> No
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Details: _____

B2 In which year did your company first start operations as an education agent?

Year: _____

B3 Is your company involved in any other activities?

<input type="checkbox"/> Yes (If Yes please select appropriate boxes below)	<input type="checkbox"/> No (Go to B4)
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<input type="checkbox"/> Immigration Consultancy	<input type="checkbox"/> Student Loan Coordination	<input type="checkbox"/> Education Institution	<input type="checkbox"/> Other (Please provide details below)
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Details: _____

B4 How many of your staff are engaged in full time education consultancy?

<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 10-15	<input type="checkbox"/> 15+
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B5 How many students does your company enroll in education institutions each year?

<input type="checkbox"/> 1-15	<input type="checkbox"/> 15-50	<input type="checkbox"/> 50-100	<input type="checkbox"/> 100+
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B. Experience and Background (contd.)

B6 How many students did your agency send to New Zealand last year?

<input type="checkbox"/> 1-15	<input type="checkbox"/> 15-50	<input type="checkbox"/> 50-100	<input type="checkbox"/> 100+
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B7 In the past has your agency sent students to NCBT?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B8 Please list location of student counseling and recruitment branches:

Number of Branches: _____ (If more than 5 please attach a separate list)

Branch Name	Location	Contact Person

B9 What is your current visa approval rate for NZ? _____

B10 Do you employ other Companies / Sub Agents to recruit students on your behalf?

<input type="checkbox"/> Yes (If Yes please provide details below)	<input type="checkbox"/> No
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Company Name	Location	Contact Person

B10 What is your current visa approval rate for other countries? _____

B11 Are you an Education New Zealand (ENZ) trained agent?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If YES, please provide a copy of your record of achievement with this application.

If NO, please click on the link below to know about becoming a trained agent.

<http://www.enz.govt.nz/support/agent-support/>

NCBT requires you/staff to undertake the training and submit the copy of your record of achievement within one month of signing NCBT's agency agreement.

B12 Have you been contracted by any other Agency/s to recruit students on their behalf (Sub Agents)?

<input type="checkbox"/> Yes (If Yes please provide details below)	<input type="checkbox"/> No
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Company Name	Location	Contact Person

C. Services Provided by Your Organisation

C1 Do your students pay your organisation a fee for your services?

<input type="checkbox"/> Yes (If Yes how much is the fee?)	<input type="checkbox"/> No (Go to C.2)
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Fee (Please specify the currency and amount): _____

C2 Do you hold promotional events?

<input type="checkbox"/> Yes (If Yes please give details of two recent education promotions you have participated in)	<input type="checkbox"/> No
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Details of the first event

Event: _____

Venue: _____

Date: _____

Details of the second event

Event: _____

Venue: _____

Date: _____

C3 What are your channels of student recruitment?

<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> Websites	<input type="checkbox"/> Exhibitions
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If there is any other channel please specify: _____

C4 Do you have any links with colleges or universities in your region?

<input type="checkbox"/> Yes (If Yes please provide details below)	<input type="checkbox"/> No
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Details: _____

D. Knowledge of New Zealand

D1 Do you visit New Zealand in the course of your business?

<input type="checkbox"/> Yes (If Yes please specify the frequency of your NZ travel)	<input type="checkbox"/> No (Go to D.2)
<input type="checkbox"/> More than once a year	<input type="checkbox"/> Once a year
<input type="checkbox"/> Once every few years	

D2 Please list any other New Zealand Colleges/Institutions/Universities you currently represent.

Name of Institution(s)	Duration of Relationship



E Business Credentials

E1 Please specify details of one referee from a College/University in NZ, which you currently represent:

Name: _____

Address: _____

Telephone: _____

Email: _____

E2 Please specify details of one referee from a College/University in other country, which you currently represent:

Name: _____

Address: _____

Telephone: _____

Email: _____

Please enclose your business card, a brief marketing plan for promotion of NCBT, and any other information that you consider relevant to support your application to become an agent for NCBT.



I confirm that I am interested in being considered as a Agent for Newton College of Business and Technology (NCBT). I declare that me/my agency have not been involved in any conduct that is false, misleading, deceptive or in breach of the law and the information provided by me in this Agent form is true and correct. I authorise Immigration New Zealand and the named referees to release to NCBT all relevant information about myself and the company. I authorise NCBT to carry out credit checks or any other checks as may be necessary to assure NCBT as to the financial standing of my organization/company. I understand that NCBT reserves the right to not proceed with my application and terminate the agency agreement on the basis of my incorrect/false or misleading information. I agree to read and follow the NZ Privacy Act. I confirm that I have read, understood and will comply with the conditions outlined in the Education (Pastoral Care of International Students) Code of Practice 2016 administered by New Zealand Qualifications Authority.

Date: _____

