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Agent Application Form

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

Please write in BLOCK letters only.

A. Contact Details

A1	Name of Organisation:	
A2	Registered company name:	
A3	Trading Name:	
A4	Name of owner(s) of Company:	
A5	Name of Chief Executive/ Director:	
A6	Name of contact person:	
A7	Street Address of Head Office:	
	Postcode	
	State and Country	
A8	Telephone Number:	
A9	Mobile Number:	
A10	WhatsApp/WeChat Number:	
A11	Fax Number:	
A12	Email:	
A13	Skype ID:	
A14	Website:	
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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)

NCBT

Details:
Year: B3 Is your agency GST registered in New Zealand? If so, please provide GST number B4 Is your company involved in any other activities? B4 Is your company involved in any other activities? Yes (If Yes please select appropriate boxes below)
Year:
Year:
B3 Is your agency GST registered in New Zealand? If so, please provide GST number B4 Is your company involved in any other activities? 9 Yes (If Yes please select appropriate boxes below) 9 No (Go to B4) 9 Immigration 9 Student Loan 9 Education 10 Immigration 9 Student Loan 9 Other (Please provide details below) 9 Detailer 9 Detailer
If so, please provide GST number
B4 Is your company involved in any other activities? Yes (If Yes please select appropriate boxes below) No (Go to B4) Immigration Student Loan Education Consultancy Coordination Institution Other (Please provide details below)
Immigration Student Loan Education Other (Please provide details below Consultancy Coordination Institution below
Consultancy Coordination Institution provide details Details below
Details:
B5 How many of your staff are engaged in full time education consultancy?
□ 1-5 □ 6-10 □ 10-15 □ 15+

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B. Experience and Background (contd.)

B6 How many students does your company enroll in education institutions each year?

□ 1-15 □ 15-50 □ 50-100 □ 100+

B7 What education levels does your agency recruit most students for:

English school	h schoo	ish	Eng	
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- □ Primary
- □ Secondary
- □ Foundation
- □ Undergraduate
- □ Postgraduate

B8 How many students did your agency send to New Zealand last year?

□ 1-15 □ 15-50 □ 50-100 □ 100+

B9 How many students did your agency send to other countries last year?

□ 1-15	□ 15-50	□ 50-100	□ 100+
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B10 In the past has your agency sent students to NCBT?

□ Yes □ No

B11 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

B12 What is your current visa approval rate for NZ?

B13 What is your current visa approval rate for other countries?

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B. Experience and Background (contd.)

B14 Do you employ other Companies / Sub Agents to recruit students on your behalf?

 \Box Yes (If Yes please provide details below) \Box No

Company Name	Location	Contact Person

B15 Have you been contracted by any other Agency/s to recruit students on their behalf (Sub Agents)?

□ Yes (If Yes please provide details below)		🗆 No	
Company Name	Location		Contact Person

B16 Are you an Education New Zealand (ENZ) trained agent?

Yes	
No	

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

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

B17 Does your agency have any membership to any professional organisation linked to the education industry?

B18 Does your agency publish a company prospectus or brochure in English? If yes, please include a copy.

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C. Services Provided by Your Organisation

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

	\Box Yes (If Yes how much is the fee?)	\Box No (Go to C.2)	
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Fee (Please specify the currency and amount):

C2 Do you hold promotional events?

 \Box Yes (If Yes please give details of two recent education promotions you have participated in) \Box No

Details of the first event

Event:		
Venue:		
Date:		
Details	of the second event	

Event:

Venue:

Date:

C3 What are your channels of student recruitment?

□ Direct	□ Newspaper	🗆 Radio	□ Television	□ Websites	\Box Exhibitions
Mail					

If there is any other channel please specify:

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C. Services Provided by Your Organisation (cont ...)

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

 \Box Yes (If Yes please provide details below) \Box No

Details:

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D. Knowledge of New Zealand

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

☐ Yes (If Yes please specify	the frequency of your NZ trav	el)	□ No (Go to D.2)
☐ More than once a year	□ Once a year	□ Onc	e every few years

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

Name of Institution(s)	Duration of Relationship

D3 Does your agency have a representative in New Zealand?

□ Yes (If Yes please specify) □ No

D4 What systems does your agency have in place for checking that students have the required English language proficiency and other academic entry requirements?

D5 Does your agency assist students with travel and immigration requirements? (Information on what is immigration advice is available on the Immigration Advisers Authority website.)

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D6 What systems does your agency have in place to ensure students meet immigration requirements (if applicable)?

D7 Does your agency have a protocol for dealing with students?

D8 Is your agency aware of the <u>New Zealand Education (Pastoral Care of International Students) Code</u> of Practice 2016 (PDF, 744KB)?



D9 How many students does your agency anticipate sending to New Zealand and to NCBT per year?

D10 Which of NCBT's programmes of study is your agency most interested in?

- □ NZCEL Level 3 (Applied)
- □ NZCEL Level 4 (Academic)
- Diploma in Applied Business Level 7 (Applied)
- Diploma in Advanced Export and Import Level 7 (Applied)
- □ New Zealand Diploma in Business Level 5
- □ New Zealand Diploma in Business Level 6
- Diploma in Computing (Networks and Security) Level 7
- □ New Zealand Diploma in Systems Administration Level 6
- New Zealand Diploma in Information technology and Technical Support Level 5

D11 Is your agency interested in undertaking further training to learn more about New Zealand, NCBT and relevant requirements?

□ Yes (If Yes please specify)____ □ No

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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 (preferably Australia), 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.

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F. Declaration

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.

Name:	
Signature:	
Position in company:	
Date:	

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