Agency Application Form

Thank you for your interest in becoming an agent for Columba College. To help us learn more about your organisation please complete this form and return it to Mrs Pauline Duthie, Principal – principal@columbacollege.school.nz

DATE OF APPLICATION: _____

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 NEW ZEALAND? _____

HOW MANY PRIMARY AGE SCHOOL STUDENTS DO YOU SEND ABROAD EACH YEAR? _____

TO NEW ZEALAND? _____

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? _____

HAVE ANY OF YOUR STAFF COMPLETED THE EDUCATION NEW ZEALAND EDUCATION AGENT ONLINE TRAINING? _____

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

NAME	POSITION / RESPONSIBILITIES	EMAIL	MOBILE PHONE

REFERENCES

Please provide the name and contact details for two New Zealand schools that you currently work with:

EDUCATION PROVIDER: _____

CONTACT PERSON: _____

EMAIL: _____

EDUCATION PROVIDER: _____

CONTACT PERSON: _____

EMAIL: _____

IS THERE ANYTHING ELSE ABOUT YOUR AGENCY YOU WOULD LIKE US TO KNOW?

_____

_____

_____

_____