

## **AGENT APPLICATION FORM**

Name of Company	<i>t</i> :			
CONTACT INFORMATION				
Contact One				
Name				
Position				
e-mail				
Mobile 🕿				
	Contact Two			
Name				
Position				
e-mail				
Mobile 🖀				
COMPANY INFORMATION				
Physical Address	Postal Address			
Country	Country			
Business 🕿	Business Fax			
Mobile 🕿	Business 🖀			
Does your company have branches in other cities?				

General Information				
When was your company established?				
How many students do you place each year?				
To which countries do you send students?				
How many students do you place in NZ each year?				
In which programme(s) do you place students?		primary school secondary school language school university short stay groups		
How do you promote your company?		internet word of mouth brochures magazines/newspapers seminars Other		
How familiar are you with the NZ Code of Practice for the Pastoral Care of International students?		very familiar a little not familiar		
Is your Agency a New Zealand Specialist Education Agent appointed by Education New Zealand?		yes no		
REFEREES				
Please name two schools or companies which can act as referees for you.				
Name of School				
Telephone				
e-mail				
Name of School				
Telephone				
e-mail				

## Please return to:

The International Office St Peter's School Private Bag 884, Cambridge New Zealand

Ph: +64 7 827 9899 Fax: +64 7 827 9736 e-mail: international@stpeters.school.nz