



St Bernard's College  
TE KURA TUARUA Ō HATO PEREMARA

## 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?	To NZ?
How many primary age school students do you send abroad each year?	To NZ?
How many years has the agency been operating?	How many offices do you have?
Where are your offices located?	
Please list any of your staff who have completed the Education New Zealand education agent online training:	
	Date Completed:

Contact Details	
<i>Please provide details of the main contact person in the first row.</i>	
1. Name:	Email:
Mobile Phone:	Position/Responsibilities:
2. Name:	Email:
Mobile Phone:	Position/Responsibilities:
3. Name:	Email:
Mobile Phone:	Position/Responsibilities:

References	
<i>Please provide the name and contact details for up to four referees. If your organization is currently providing services to New Zealand schools, two of the referees that you offer must be New Zealand schools. For other referees, those resident in New Zealand are preferred.</i>	
Referee 1:	
Contact Person:	Email:
Referee 2:	
Contact Person:	Email:
Referee 3:	
Contact Person:	Email:
Referee 4:	
Contact Person:	Email:

Declaration	
<i>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.</i>	
Name:	Position:
Signature:	Date: