ONE TREE HILL COLLEGE 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? | | | | To NZ? | |
| How many primary age school students do you send abroad each | | | ch year? | To NZ? | |
| Hoe many tertiary students do you send abroad each year? | | | | | |
| 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? | | | | | |
| Please list any of your staff who have completed the Education New Zealand or ISEA education agent online training: | | | | | |
| Name: | | | Date Comp | leted: | |
| Name: | | | Date Comp | leted: | |



| Contact Details | | | | |
|--|----------------------------|--------------|--|--|
| Please provide details of the main contact person in the first row and other contacts below: | | | | |
| 1. Name: | | Email: | | |
| Mobile Phone: | Position/Responsibilities: | | | |
| 2. Name: | | Email: | | |
| Mobile Phone: | Position/Responsibilities: | | | |
| 3. Name: | | Email: | | |
| Mobile Phone: | Position/Respor | nsibilities: | | |

| References | | | | |
|--|--------|--|--|--|
| Please provide the name and contact details for at least two New Zealand schools that you currently work with: | | | | |
| First Education Provider: | | | | |
| Contact Person: | Email: | | | |
| Second Education Provider: | | | | |
| Contact Person: | Email: | | | |
| Third Education Provider: | | | | |
| Contact Person: | Email: | | | |

| Declaration | | | | |
|--|-----------|--|--|--|
| 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. | | | | |
| Name: | Position: | | | |
| Signature: | Date: | | | |

| OTHC International Office Use Only | | |
|------------------------------------|--|--|
| Application Received on: | | |
| Referees contacted on: | | |
| Company profile received on: | | |
| Application accepted on: | | |
| Agency Agreement sent on: | | |



