



# Epsom Girls Grammar School

## International Department

### Agent Expression of Interest Form

Thank you for your interest in obtaining an Agent Agreement with Epsom Girls Grammar School. In order to proceed, we require you to complete the following Expression of Interest.

Please note: The main contact person is the primary person who will receive correspondence from us.

Name of Your Agency: \_\_\_\_\_

Website: \_\_\_\_\_

Main Contact Person – Name: \_\_\_\_\_

Main Contact Person – Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agency Director: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

Full Physical Address: (if different from above): \_\_\_\_\_

Branch Locations: (Please list where your branches are located. Please feel free to attach a supporting document) \_\_\_\_\_

Please list all countries you recruit from: \_\_\_\_\_

How many students do you enrol in a year? \_\_\_\_\_

What support do you provide for students and their families prior to and once they arrive in New Zealand? \_\_\_\_\_

#### Additional Documents:

We require the following information from you:

- Company Profile
- 2 references from Secondary Education Providers in New Zealand you have recently worked with
- Certificate of Incorporation
- ENZ Agent Training Certificate

Referee 1

Name:	
School:	
Position:	
Email Address:	

Referee 2

Name:	
School:	
Position:	
Email Address:	

In order to access our Online Application Form, please list below all people in your agency who would require access. We will subsequently email them passwords once their account is activated. Please add as many as is required. You may also contact us at a later date to add or remove a contact.

Name (First and Last name)	Position (e.g. consultant)	Phone	Email	Branch Location

**Bank Account**

Please provide your Bank Account information

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Swift Code: \_\_\_\_\_

**Declaration:**

I have obtained a copy of *The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021* and I have read and understood it

<https://www.nzqa.govt.nz/providers-partners/tertiary-and-international-learners-code/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_