



# 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

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: \_\_\_\_\_



### Agent Referee Form

Thank you for agreeing to complete the following reference. If you have any questions or further comments, please contact the International Services Officer, Ayako Murakami on +64-9-970-6716 or [international@eggs.school.nz](mailto:international@eggs.school.nz)

The Agency you are providing a reference for: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Your Position and Institution: \_\_\_\_\_

Your Email Address or Contact Number: \_\_\_\_\_

How long have you worked with this agency? \_\_\_\_\_

How many students has this agency sent you in the last 2 years? \_\_\_\_\_

What support (both onshore and offshore) does the agency provide for the student, the family and the school?  
\_\_\_\_\_  
\_\_\_\_\_

Has the agency promoted the school with the correct information?  
\_\_\_\_\_  
\_\_\_\_\_

Has the agency accurately prepared all the necessary documentation required for the application?  
\_\_\_\_\_  
\_\_\_\_\_

Has the agency disclosed any pre-existing issues e.g. health (mental or physical), learning disabilities etc. which may influence the outcome of the application?  
\_\_\_\_\_  
\_\_\_\_\_

Has the agency provided the student with all relevant enrolment and orientation information?  
\_\_\_\_\_  
\_\_\_\_\_

How would you rate the agency's knowledge on the Code of Practice?

Poor            1            2            3            4            5            Excellent

How would you rate the agency's knowledge on the New Zealand Education System and/or NCEA?

Poor            1            2            3            4            5            Excellent

How would you rate the agency's knowledge of New Zealand's culture?

Poor            1            2            3            4            5            Excellent



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Is there any further information you wish to provide which would help us make a decision in favour of the agency?

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Do you have any reservations about the way the agency operates?

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Is there anything further you wish to add?

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Please sign and date this form confirming your identity and that this is a true reflection of the agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date