Wellington Institute of Technology

Te Whare Wānanga o te Awakairangi

International Centre
Agent Business Profile

Company Name _____

Name of Principal _____

Address _____

_____

_____

_____

Telephone _____

Fax _____

email _____

Mobile _____

Please answer the following questions:

Is your core business the recruitment of fee-paying students? YES/NO

How long has your company been in this business? _____

Which country(ies) are you recruiting students from?

_____

Is your company registered with, and approved by, a government authority to recruit fee-paying students for study offshore? YES/NO

Does your company have membership to any professional organisation in your country that is linked to the education industry? YES/NO

If yes, please name the organisation

_____

How many student counsellors are employed by the company? _____

Please give the background and experience of your counsellors

_____

_____

Approximately how many students do you successfully recruit and send offshore each year? _____

Of those, how many come to New Zealand? _____

Do you require IELTS or TOEFL testing of your candidates? YES/NO

Please list the universities, colleges or schools that you have current working arrangements with in New Zealand

_____

_____

How much do you charge each student for application processing? _____

How many offices does your company support? _____

Please list the cities and countries

_____

_____

Does your company have its own website? YES/NO

If yes, what is the address?

_____

Do you publish a company prospectus or brochure in English? YES/NO

If yes, please send a copy with this completed form

Please provide us with the names of staff at two institutions where you have placed students and who we can contact when processing your application to be an agent. At least one referee should be from New Zealand

Name of Institution* _____

Contact Person _____

Position _____

Address _____

_____

_____

Telephone _____

Fax _____

email _____

Name of Institution* _____

Contact Person _____

Position _____

Address _____

_____

_____

Telephone _____

Fax _____

email _____

Please send your completed form together with supporting documentation to the International Centre, Wellington Insitute of Technology, Private Bag 39803, Te Puni Mail Centre, Wellington, New Zealand

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* *Institute of Technology, University, Polytechnic, School*