

Abacus Institute of Studies Representative Application Form

(Please Complete the Application Form to help us process your application)

Agency Details

Agency Name: *	<input type="text"/>		
Address: *	<input type="text"/>		
City: *	<input type="text"/>	Postcode:	<input type="text"/>
State	<input type="text"/>	Country*	<input type="text"/>
Contacts:	<input type="text"/>		
Email	<input type="text"/>		
Website	<input type="text"/>		

Key Person Contact Details

Family Name: *	<input type="text"/>		
First Name: *	<input type="text"/>		
Email: *	<input type="text"/>		
Designation	<input type="text"/>	Mobile No.	<input type="text"/>

Company Position

When did Company started its operation? *	<input type="text"/>
How many students did you recruit last year for Overseas education providers?	<input type="text"/>
How many students did you recruit for NZ education provider?	<input type="text"/>
Is the Business registered by govt. of your country?	<input type="text"/>

Operation

How many counsellors / consultants your company employ?	<input type="text"/>
Average Experience of counsellors?	<input type="text"/>
Which media do you use for advertising?	<input type="text"/>
	<input type="text"/>
Any specific expectation from us?	<input type="text"/>
	<input type="text"/>
How did you hear about us?	<input type="text"/>

ABACUS INSTITUTE OF STUDIES

Campus: Christchurch | Auckland | Hastings (Category 1 Education Provider)

www.abacusinstitute.ac.nz | +64 365 6076 | info@abacusinstitute.ac.nz

Please provide two references

Reference 01
Name:
Email id.:
Contact:
Company:

Reference 02
Name:
Email id.:
Contact:
Company:

Declaration:

I confirm that I am interested in being considered as an education recruitment agent/consultant for Abacus Institute of Studies. I authorise Abacus Institute of Studies, to carry out reference checks, as may be necessary, to verify the details supplied above.

By signing this document, I (agent) agree to waive any privacy rights, and allow Abacus Institute of studies to share details and obtain information through government agencies/organizations chosen by Abacus institute of studies, which specially relates to student recruitment history or background.

By signing this document, I (agent) agree to allow government agencies/organizations to share information that is relevant & necessary, which they may hold about the agent, with Abacus institute of studies to ensure integrity and ethical business.

*Abacus Institute of Studies expects agents to comply with registration requirements of their own country as well as New Zealand Immigration Advisor Act 2007.

We appreciate you taking the time to complete this form.

Name

Signatures

Date

For Office Use Only:

Approved	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N
				o
Staff	<input type="text"/>			
Position	<input type="text"/>			
Signature	<input type="text"/>	Date	<input type="text"/>	

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