



LISTON COLLEGE AGENCY APPLICATION - BACKGROUND INFORMATION FORM

To help us learn more about your organization and to become an education agency for **Liston College**. Please return the completed for to: International@liston.school.nz

Agency Name: _____

Street Address: _____

Country: _____

Postal Address: (if different) _____

Country: _____

Office Phone Number: () () _____

Emergency Contact Number: () () _____

Website: _____

Social Media channels / Links: _____

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?

How many primary age school students do you send abroad each year? _____ To NZ? _____

How many years has the agency been operating? _____

How many offices do you have? _____

Where are your offices located? _____

How many years has the agency had a relationship with New Zealand Schools? _____

Have any of your staff members visited NZ before? _____

Are you willing to have staff visit New Zealand in the future? _____

Have any of your staff completed the Education New Zealand education agent online training? _____

How to become an ENZ Agent Lab: [Click here for the Link](#)

CONTACT PEOPLE

Please provide details of the main contact people in your Agency (**Place the main contact person in first row**).

Name	Position / Responsibilities	Mobile Phone Number
	Email Address	
	Email Address	
	Email Address	

REFERENCES

Please provide the name and contact details for two New Zealand schools that you currently work with:

We will make contact with these schools to verify information contained in this Form

Education Provider: _____

Contact person: _____ Email _____

Education Provider: _____

Contact person: _____ Email _____