

# EDUCATION RECRUITMENT AGENT APPLICATION

Please fill the form below to apply to be an Education Recruitment Agent of Livingwaters College. Fields marked with an asterisk (\*) are required fields and need to be filled in.

Please fill all the information asked of you very carefully so that we have an accurate record of your business particulars. Please do NOT use ALL CAPS (all Capital Letters) while filling in your information.



## Business Particulars

Business Name:

Enter your Business's Name

Business e-mail:

Enter your Business's e-mail

Business Website:

Enter your Business's Website

Business Licence:

Enter your Business's Licence Number

Main Contact Name:

Enter The Business's Main Contact

Contact Number:

Address Line 1:

Enter line 1 of the Business's registered address

Address Line 2:

Enter line 2 of the Business's registered address

City:

Enter the City the Business is located in

Postal Code:

Enter the State/Province the Business is located in

State / Province:

Enter the Postal Code for the Business's address

## Current Representations Held

Countries Represented as Agent

Enter countries where you are doing business as an education recruitment agent.

Educational Institutions Represented as Agent

Enter each educational institution and country located in, that you represent as an education recruitment agent.

## Business Information

Services Provided

Enter services that your business provides.

List of Staff Members

Enter name and designation of your staff members that we will deal with.

Formal Training Undertaken

Enter formal training including workshops undertaken by owner(s) and or staff. Enter each (Training)

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## Business Potential

### Number of Students Per Month

Enter the average number of students, that you anticipate sending monthly to Livingwaters College

### Type Of Students You Will be Referring

Will be mostly referring international students who are based outside Canada

Will be mostly referring domestic students who are based in Canada

Specify whether you will be **mostly** referring domestic or international students

## References

### Name & Address of Reference Institution

Enter full name and addresses of the institution that is your reference

### Reference Contact Name

### Reference Contact e-mail

Enter the email of the contact person at the reference institution

### Reference Contact Phone

Enter the phone number of the contact person at the reference institution

### Reference Contact Mobile

Enter the mobile number of the contact person at the reference institution

### Name & Address of Reference Institution

Enter full name and addresses of the institution that is your reference

### Reference Contact Name

### Reference Contact e-mail

Enter the email of the contact person at the reference institution

### Reference Contact Phone

Enter the phone number of the contact person at the reference institution

### Reference Contact Mobile

Enter the mobile number of the contact person at the reference institution

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Enter full name and addresses of the institution that is your reference

### Reference Contact Name

### Reference Contact e-mail

Enter the email of the contact person at the reference institution

### Reference Contact Phone

Enter the phone number of the contact person at the reference institution

### Reference Contact Mobile

Enter the mobile number of the contact person at the reference institution

## Name & Signature of Agent's Representative

Enter Full Name

Signature

## Terms & Conditions

By using this form you agree with the storage and handling of your data by Livingwaters College in accordance with our Privacy Policy. You also agree to Livingwaters College validate the information provided.

I agree to all terms & conditions

## Date

 D  D  M  M  Y  Y