

Agent Application Form

If you would like to become an agent for Rangitoto College, please complete this form and email it to int.manager@rangiworld.co.nz to give us a better understanding of your organisation.

Agency Name			
Street Address			
_			
_			
Postal Address (if different)			
_			
Website			
Social Media			
Office Phone Number () () untry Code) (City)		
Emergency Contact Number			
NZ GST Number (NZ based a	gents only)		
Which countries do you send	d students from?		
How many students do you send abroad each year in total?		To NZ?	
How many high school students do you send abroad each year?		To NZ?	
How many years has the age	ency been operating?		
How many offices do you ha	ive? Where	e?	
Have any of your staff meml	bers visited NZ before?		
CONTACT DEODLE			
CONTACT PEOPLE			
Name of main contact perso	on (Mr / Mrs / Ms) First name:	Family Name:	
Email address	Position in agency		
Mobile number: ()			
Extra contacts for high school	ol:		
Name	Position / Responsibilities	Email Address	
Nume	responsibilities	Emailydaless	<u>'</u>
		1	
DEEEDENICES (mustavable an	other N7 coorday cabacle		
	other NZ secondary schools)		
Education Provider			-
Contact person:	Email		_
Education Provider			_
Contact person:	Email		