



## NEW AGENT REQUEST FORM

Please complete ALL fields:

AGENCY NAME: \_\_\_\_\_

AGENCY REPRESENTATIVE: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Preferred Method of Payment: \_\_\_\_\_

Please answer the following questions and provide a full resume of your agency's scope of activities and a list of contacts from all identified institutions.

1. Where is your company based? \_\_\_\_\_

2. Which countries do you recruit students from? If more than one country, which one is your primary market?

\_\_\_\_\_  
\_\_\_\_\_

3. a. What types of services do you provide to clients and are there fees associated with your services? Please list your services and associated fees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Are you certified as a Regulated Canadian Immigration Consultant? YES  NO

If yes, please provide your RCIC Number: \_\_\_\_\_

4. a. How many staff do you employ? \_\_\_\_\_

b. Do you have a dedicated Canadian counsellor? YES  NO

5. Do you currently represent Canadian post secondary institutions? YES  NO

Do you represent K-12 institutions? YES  NO

Do you represent English Language institutions? YES  NO

If yes, please list the names of the post secondary institutions, K-12 and English Language institutions and their contacts.

*Please note: Assiniboine Community College will contact institutions to verify.*

Name of Institution: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position within the Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Position within the Institution: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Contact Name: \_\_\_\_\_  
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Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Position within the Institution: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Position within the Institution: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. a. How many students have you referred to Canadian Institutions within the past 12 months?  
\_\_\_\_\_
- b. How many students have you referred to Institutions in Manitoba within the past 12 months?  
\_\_\_\_\_

7. a. What types of programs are the students you work with interested in attending?  
\_\_\_\_\_  
\_\_\_\_\_

b. What are the main program areas in demand from your perspective?

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8. How do you intend to promote Assiniboine Community College to potential students? Please provide an outline of your marketing plan.

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9. Do you have affiliations with local, national, international and other organizations? YES  NO   
If yes, please provide the names of the organizations and the contacts.

*Please note: Assiniboine Community College will contact institutions to verify.*

Name of Institution: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position within the Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position within the Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position within the Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

10. Have you ever been charged or convicted of engaging in dishonest or deceptive practices?

YES  NO

I verify the information provided to be accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_