



## CONTACT INFORMATION

**NAME OF AGENCY:**

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**ADDRESS:**

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City: \_\_\_\_\_ Prov. or State: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**YEAR ESTABLISHED:**

**NUMBER OF EMPLOYEES:**

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**NAME OF OWNER/MAIN CONTACT:**

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Title: \_\_\_\_\_

Email: \_\_\_\_\_

**NAME OF SECONDARY CONTACT:**

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Title: \_\_\_\_\_

Email: \_\_\_\_\_

**BUSINESS NUMBER** (If a Manitoba business):

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**WHICH COUNTRY/COUNTRIES DO YOU RECRUIT FROM?**

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## QUESTIONNAIRE

1. **HOW LONG HAVE YOU BEEN ESTABLISHED?** \_\_\_\_\_

2. **WHAT TYPES OF SERVICES DO YOU PROVIDE FOR YOUR CLIENTS?**

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3. **WHAT GOVERNMENT REGULATIONS AND/OR LICENSES ARE REQUIRED FOR OPERATION AS AN EDUCATION AGENT IN YOUR HOME COUNTRY?**

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4. **PLEASE LIST YOUR BRAND OFFICES INCLUDING THE NAME, ADDRESS AND CONTACT INFORMATION IF APPLICABLE;**

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5. **ARE YOU CURRENTLY REPRESENTING ANY CANADIAN INSTITUTIONS?**  Yes  No

6. **CHECK THE NAME OF THE PROGRAMS YOU SPECIALIZE IN:**

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|---|---|---|
| <input type="checkbox"/> High school      | <input type="checkbox"/> Summer programs  | <input type="checkbox"/> Students transferring college/university |
| <input type="checkbox"/> Undergraduate    | <input type="checkbox"/> Graduate studies | <input type="checkbox"/> English language programs                |
| <input type="checkbox"/> French Immersion | <input type="checkbox"/> Short-term       | <input type="checkbox"/> Summer Camps                             |

7. **WHICH OF THESE SERVICES ARE IN HIGH DEMAND?**

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8. HOW DO YOUR CLIENT-INSTITUTIONS TYPICALLY SUPPORT YOUR EFFORTS?

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9. WHAT TYPE OF MARKETING AND PROMOTION DO YOU UNDERTAKE?

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10. HAVE YOU EVER VISITED CANADA?  Yes  No

11. PLEASE DESCRIBE YOUR KNOWLEDGE/EXPERIENCE OF CANADIAN EDUCATIONAL PROGRAMS AND SYSTEMS.

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12. DO YOU PROVIDE YOUR STUDENTS WITH A PRE-DEPARTURE ORIENTATION?  Yes  No

13. PLEASE PROVIDE AN ESTIMATE OF THE NUMBER OF STUDENTS YOU WILL REFER TO THE LOUIS RIEL SCHOOL DIVISION.

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14. DO YOU CURRENTLY WORK FOR OR REPRESENT ANY OTHER RECRUITING AGENCY OTHER THAN THE ONE YOU ARE REPRESENTING IN THIS QUESTIONNAIRE?

No  Yes (AgencyName): \_\_\_\_\_



## REFERENCES

Please provide the names and contact numbers of three Canadian business references that you currently represent (if available):

### REFERENCE 1:

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

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

Email: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

### REFERENCE 2:

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

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

Email: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

### REFERENCE 3:

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

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

Email: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

I \_\_\_\_\_ (agency representative) give my consent to the Louis Riel School Division (LRSD) to inquire about my character and suitability as a possible agent/agency. I hereby release LRSD, affiliated employees and any person or institution that provides LRSD with any lawful information about me or the agency from any and all liability whatsoever resulting from any such inquiry or communication.

I have read and understand the content of this document and I acknowledge that the information I have provided is accurate and truthful.

Agent representative(s)

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YYYY)



## AGENT SERVICES

Please check off each box that is applicable to your agency:

- The agent will communicate on a regular basis with the Louis Riel School Division's International Student Program Personnel.
- The agent has a current website for students interested in studying abroad and will link The Louis Riel School Division to the website.
- With the consent of the International Student Program Director, the agent will represent the Louis Riel School Division at special education events and will organize and support LRSD's special events in the agent's country.

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## ADDITIONAL INFORMATION

We will endeavour to complete the agent application process as quickly as possible. Please complete this questionnaire fully and return it for further consideration.

Note that while you are welcome to submit applications on behalf of your student clients, we will not enter into an agreement until the process has been completed and no commissions or other payments will be offered until an agreement is reached. Please be aware that after review of your application to become an agent representative, the Louis Riel School Division may choose not to enter an agreement at this time.

Please complete and send this questionnaire and any other supporting documentation to [internationalstudent@lrzd.net](mailto:internationalstudent@lrzd.net).