

FOR OFFICIAL USE ONLY

Checked by: _____

Date: _____

Approved by: _____

Filed: _____

Yes No

Agent Application Form 2017/2018

This questionnaire is vital for appointment of our agents, please complete the form and send it to us.

Company Name		
Business Registration no.		
Country of Registration		
License Number (if applicable)		
Main Business Address		
Contact details	Name:	
	Position:	
	Telephone:	
	Mobile:	
	Email:	
	Skype ID:	
Correspondence Address: (if different from above)		
Any other business name(s): (if applicable)		
Do you use sub-agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a separate list of name(s) and addresses	
Are you a member of an agent association in your country?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
Are you listed on the British Council as trained agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach you certificate with your application.	

Date of establishment	
Number of branches (UK & overseas)	

List four major markets		Number of students recruited from each market in the last 2 months
1.		
2.		
3.		
4.		
Number of staff (main office & branches)		
Number of staff fluent in English		
Years of experience in Education industry (UK & overseas)		

Please provide details of your services (if applicable):

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Do you have links with government / educational institutions in your area / country: Yes No

If yes, please provide details:

Do you have any contract or agreements with any other UK institutions or non UK? Yes No

If yes, please provide details below:

University / College	Years of contract / agreement	Country	Students recruited in last 12 months

Why would you like to represent SIRM?			
Please provide details of at least 2 student recruitment referees, including one from an educational Institution in the UK:			
Name:		Name:	
Company:		Company:	
Position:		Position:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	
<p>I / We declare that the information provided in this application is complete and accurate and that all information pertaining to this application has been fully disclosed, irrespective of whether or not such information was specifically requested.</p> <p>I / We understand all relevant laws and regulations of the United Kingdom and the countries where we recruit students.</p> <p>I / We confirm my/our obligation to comply with such laws and regulations at all times, including any amendments.</p> <p>I / We declare that I / We will participate positively in any trainings and seminars in support of SIRM programmes.</p> <p>I / We authorize the School of Information Risk Management to contact referees and collect any information or details as required.</p> <p>I / We are aware that SIRM is under no obligation to accept this application to become an agent.</p>			
Company Stamp:		Name:	
		Position:	
		Signature:	
		Date:	

Please return the completed application form together with supporting documentation to:

The School of Information Risk Management
Head office
Becketts House
2-14 Ilford Hill
Ilford, London
IG1 2DA, UK

Or email the scan copy to intloffic@sirm.ac.uk

Agent Document Checklist

In order to assess your application, the following documents are required:

	A company / business profile, including information on owners and staff and a description of your company's services.
	Business registration No. and license papers (if applicable).
	CV of main person in charge of operations
	Copies of current policies, e.g. Public Liability.
	Photos of the premises you are operating and staff.
	Business Plan
	Evidence of Professional membership, certification from British Council.
	Supporting marketing materials/information provided to international and local students, including website URL and other social media links.
	Other documents that you believe will support your application, particularly describing the student services you provide.

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Date received	Member of staff	Comments