

## **Agency Application Form**

## Please complete in BLOCK CAPITALS

Agency name:			
Contact name:			Title:
Position in company:			
License number:			
Full address:			
Postcode:			
Telephone no:		Mobile no:	
Fax:			
Email address:			
Website:			
When was the agency established?			
Who is the legal representative?			
How many staff are employed by the agenc	y?		
Do you use sub-agents?			
How many years have you been undertaking education recruitment work?			
Have you undertaken any training regarding	j international recru	itment?	
Are you affiliated with any appoved bodies f	for agents? Ye	s No (If yes please detail	and provide copies of membership)
In the space below please provide details of		es in the UK that you have worked	with in the past 3 years.
College/University name	Academic Year	Number of students recruited	Contact name
Do you recruit students from any other coun	try? If so please pro	vide details below.	
Institution name and country	Academic Year	Number of students recruited	Contact name
			CONTINUED
			AGENCY APPLICATION FORM



















Please give the names and addresses of 2 referees, for whom you have actively recruited students in the last 12 months. These should be colleges or universities based in the UK.

Name:	Name:	
Position:	Position:	
Address:	Address:	
Telephone:	Telephone:	
Fax:	Fax:	
Email:	Email:	
Number of students recruited:	Number of students recruited:	

## **DOCUMENT CHECKLIST**

Please provide us with copies of the following documents:

- Business profile
- Business registration licence
- Marketing plan
- Proposal of work (including details of why you want to work with SCCB, examples of current recruitment successes with other colleges or universities, including details of visa refusal rates)

Signed:	Name:
On behalf of:	Date:

Completed forms and attachments should be returned via email to the International Office at South & City College Birmingham: international@sccb.ac.uk