



APPLICATION FOR ISEA ACCREDITATION

Name of Education Agency*	Legal Business Reg No.
Head Office Location (Country / City)	Website
Head Office Street Address*	Head Office Phone No. (incl. Country Code)
Head Office Email Address*	Social Media e.g. Facebook, Twitter, Instagram, LinkedIn
Education Agency Signatory Contact Name*	Signatory Email*

References

Please provide 2 references of NZ Education Providers. New agencies please provide 2 references from previous employers or business

Institution 1*	Institution 2*
Contact Name	Contact Name
Email	Email
Phone No.	Phone No.

How many counsellors within your agency promote New Zealand to prospective students?

Is your agency familiar with the NZQA Code of Practice guidelines? ☐ Yes ☐ No

Have you or any of the counsellors within your agency completed the ENZRA training?* ☐ Yes ☐ No ☐ Not Sure

Do you have any Licensed Immigration Advisers on your staff?* ☐ Yes ☐ No ☐ Not Sure

Office Branches

Branch 1 (Country / City / Street Address)	Name of Counsellor Promoting NZ
Phone No.	Email
Branch 2 (Country / City / Street Address)	Name of Counsellor Promoting NZ
Phone No.	Email

☐ I am authorised to give permission for ISEA to obtain from Immigration New Zealand all relevant information about the performance of the agency for the purpose of assessment for accreditation.

Authorised Name	Signature
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Date

Please email completed form to: info@iseducationagents.com or send to ISEA, PO Box 108 186, Symonds St. Auckland 1150, New Zealand