

Appointment of Agent Form

This form is to be completed to authorise an education agency to handle course and visa applications to study with Zealive Institute. The form must be completed and signed for Zealive Institute to engage with an agency regarding an application.
 Please upload the fully completed form with your online application or submit it to admin@zinz.ac.nz.

SECTION ONE: To be completed by applicant

Applicant Name: _____ Date of birth: ____ / ____ / ____

Email address: _____

I, _____, certify that I wish to appoint the services of agency _____
 _____ to act on my behalf for the application process at Zealive Institute.

I authorise this agency provider to communicate enrolment applications to Zealive Institute on my behalf.

SECTION TWO: To be completed by agency service provider

On behalf of my agency, I confirm that this applicant has entered a relationship with our agency.

I declare that I have explained the Enrolment Terms and Conditions to the student.

Agency name: _____

Name of agent: _____

Agent email: _____

Date: ____ / ____ / ____

Company stamp

SECTION THREE: To be completed by applicant to the best of his/her ability

Why have you decided to appoint this agency?

SECTION FOUR: To be completed by applicant

Authorisation for the agency service provider to access student information held by the Zealive Institute.

I, the applicant, hereby authorise the above Agency, along with any designated representatives acting on their behalf, to communicate enrolment applications on my behalf with Zealive Institute ("my Application").

I understand that access by the Agency to my Application will be solely for the purpose of advising, communicating and tracking progress of my Application to Zealive Institute and the Agency will not disclose any information in my Application to another person without my written permission.

I grant permission for Zealive Institute to share relevant information concerning my enrollment with both me and my designated agency. I understand that I may withdraw consent to the Agent having access to my Application(s) at any time by notifying the Agent or Zealive Institute in writing.

I understand that the Learning Management System account and password I use for accessing Zealive Institute programme are strictly for personal use, and I hereby confirm that I will not share this account information with anyone other than myself.

Student Signature: _____ Date: ____ / ____ / ____

Parent/Guardian's Signature: _____ Date: ____ / ____ / ____

(If the prospective student is under 18 years old when signing this form then the Parent/Guardian of the prospective student must also agree and sign)

For Zealive Institute staff use only

Actioned by _____

Date received

Date actioned