

## AGENT PARTNERS

This application form and all supporting documentation must be supplied in English. In order for your application to be completed, the documents listed below must be email to [inted@mhc.ab.ca](mailto:inted@mhc.ab.ca)

- Copy of Business License
- Copy of ICEF Credential
- Copy of ICCRC Photo Identification Card or Certificate

Please note that when filling out the form, we ask you to not use symbols such as & [ ] { } \*%\$( ). Your application will not be processed.

### AGENT APPLICATION FORM

#### COMPANY DETAILS

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<b>Company Name:</b>		*
<b>Established:</b>		*
<b>Company Street:</b>		*
<b>City:</b>		*
<b>State/Province/Area Code:</b>		*
<b>Country:</b>		*
<b>Phone Number:</b>		*
<b>Email:</b>		*
<b>Website:</b>		*

**Social Media:**  
Add social media  
username

LinkedIn

\*

Facebook

\*

Instagram

\*

YouTube

\*

X(Twitter)

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## AGENCY PRIMARY CONTACT

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**Contact Name:**  
(First Name/Last Name)

\*

**Phone Number:**

\*

**Email:**

\*

## COMPANY PRESIDENT AND CEO

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**Contact Name:**  
(Fist Name / Last Name)

\*

## COMPANY PROFILE

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**Summary of Company:**  
(Background)

\*

**No. of students sent to Canada in the last 12 months:**

\*

**How many Canadian school partners:**

\*

**Do you recruit using aggregator platforms such as applyboard?**

\*

**Recruitment Areas:**

\*

**Student (Client) Profile:**

\*

**Marketing Methods:**

\*

**Services Provided:**

\*

**No. of staff in the office:**

\*

*Include their experience (responsibilities, educational background and training)*

Do you use sub-agents?

Yes  No

If yes, what is their role?

\*

*Please note, if you intend to use sub-agents to recruit for MHC, MHC will need to review and approve those agents as they are held to the same terms. With that said, the agent in partnership with MHC will be responsible and liable for their sub-agents.*

Yes  No

Do you have ICRC Certification?

If yes, please enter ICRC Certification number:

\*

Expiration Date (YYYY-MM-DD):

\*

\*

Industry Certification and Membership:

\*

Reasons for wanting to partner with MHC:

How does MHC fit with your client's needs:

\*

How will you promote MHC:

\*

**INSTITUTIONAL REFERENCE NO. 1**

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**Institution:**  \*

**Institution Address:**  \*

*(Institution Address, City, State/Province/Region, Postal Code/Area Code, Country)*

**Contact Name:**  \*

(First Name/Last Name)

**Contact Position:**  \*

**Business Email:**  \*

**Phone Number:**  \*

**Website:**  \*

**INSTITUTIONAL REFERENCE NO. 2**

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**Institution:**  \*

**Institution Address:**  \*

*(Institution Address, City, State/Province/Region, Postal Code/Area Code, Country)*

**Contact Name:**  \*

(First Name/Last Name)

**Contact Position:**  \*

**Business Email:**  \*

**Phone Number:**  \*

**Website:**  \*

### INSTITUTIONAL REFERENCE NO. 3

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**Institution:**  \*

**Institution Address:**  \*

*(Institution Address, City, State/Province/Region, Postal Code/Area Code, Country)*

**Contact Name:**  \*  
(First Name/Last Name)

**Contact Position:**  \*

**Business Email:**  \*

**Phone Number:**  \*

**Website:**  \*

### DECLARATION

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I declare that the information contained in this application and supporting documentation are true and accurate.

**Submitted by:**

\*

**Date (YYYY-MM-DD):**

\*

This information is collected under the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. It will be used for the purpose of screening and accessing whether your institution would be a suitable international partner with MHC.