

## INTERNATIONAL AGENT APPLICATION FORM

Please forward application package to:

**Peel Academy for International Students**  
 5650 Hurontario St.  
 Mississauga, ON L5R 1C6  
 Phone: 905-890-1010 ext. 2628  
 Fax: 905-890-3110  
 Email: peelacademy@peelsb.com  
 www.studyincanada-peel.ca

### FOR OFFICE USE ONLY

Agent No.:

Date of Approval: 

D	D	M	M	Y	Y	Y	Y
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Date of Application: 

D	D	M	M	Y	Y	Y	Y
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**PLEASE PRINT IN ENGLISH**

### 1 AGENCY INFORMATION

**Agency Name:**  **Country:**

**Mailing Address:**

**Telephone:** (    )  -    **Fax:** (    )  -

**Website URL:**

**Main Contact:**  Mr.  Ms.    
*Family Name* *Given Name*

**Phone:** (    )  -    **Cell:** (    )  -

**Email:**

**Owner of Company:**  Mr.  Ms.    
*Family Name* *Given Name*

**Number of Years in Business:**  **No. of Staff:**

Are you a registered education agency within your own country?  Yes  No

Country registered:

Do you have Certification from the Ministry of Education in your country?  Yes  No

Does your Agency represent other institutions / organizations in Canada?  Yes  No

If yes, please specify:

How many students did you bring to Canada last year?

What is the success rate of Canadian Study permit for your students in last 12 months?

How many students do you target to recruit for Peel District School Board within 12 months?

Are you a member of the Canadian Society of Immigration Consultants (CSIS)?  Yes  No

Are you a member of a provincial or territorial law society?  Yes  No **Peel Ac**

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### 2 SERVICES PROVIDED TO STUDENTS

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Visa Application & Processing   | <input type="checkbox"/> Homestay Arrangement | <input type="checkbox"/> Documentation and Payment |
| <input type="checkbox"/> Application for Admissions      | <input type="checkbox"/> Medical Insurance    |  |
| <input type="checkbox"/> Other Services (please specify) |   |  |

### 3 PROMOTIONAL ACTIVITIES (Please list activities to recruit students)

### 4 REFERENCES (Please provide 2 references from: School Board, University or College in Canada or outside of Canada)

(Contact Name, Educational Institution, Title, Address, Telephone No, and E-mail)

1

2

### 5 CHECKLIST

- Completed Application Form
- 2 Letters of References from Public School Boards and/or Universities and/or Colleges
- If a graduate of the Immigration Practitioner Certificate Program, a copy of your Certification.
- A copy of your resume
- For Agents recruiting in China: Interested Agents must have Certification from the China State Ministry of Education and a copy should be sent to the Peel Academy.
- The copy of Business License or Registration

### HOW DID YOU KNOW ABOUT THE PEEL ACADEMY/PDSB?

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Internet Search                                  | <input type="checkbox"/> Academy website | <input type="checkbox"/> PDSB Website |
| <input type="checkbox"/> Education Fair                                   | <input type="checkbox"/> CEC Network     | <input type="checkbox"/> CEA Network  |
| <input type="checkbox"/> Advertisement                                    | <input type="checkbox"/> Friend/ Family  | <input type="checkbox"/> Referral     |
| <input type="checkbox"/> Other <input style="width: 700px;" type="text"/> |  |                                       |

*I certify that the information given above is correct.*

<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<b>Your Name</b>	<b>Title</b>
<input style="width: 95%; height: 25px;" type="text"/>	<b>Date:</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>Signature</b>	Day      Month      Year