



MEMBERSHIP APPLICATION

Name of institution

Type (tertiary, PTE/ELS, school)

Contact person

Postal address

Phone Fax Email.....

1. Please provide details of:
 - NZQA registration (and accreditation where applicable)
 - Code of Practice signatory number
2. Please provide information relating to the provision of programmes for international students, covering, where relevant:
 - experience and qualifications of the institution's principals/associates
 - geographical coverage
 - target country/countries and age markets
 - student numbers (actual and target for current academic year on EFTS basis) ¹
3. Please declare any conflicts of interest and provide details these.
3. We agree to abide by the constitution, and attach the signed Code of Ethics for members of Education Wellington International

Signature Date.....

Name

Position

Please return, with attached documentation, to:

Guy Pascoe
Grow Wellington
PO Box 10 347
Wellington

P: 04 3850082
F: 04 3820098
E: guy.pascoe@growwellington.co.nz

¹ For PTEs an estimate will suffice. Note that the board of EWI requires a PTE applicant to pay a 6 month provisional membership fee of \$300 (+ GST), after which a brief visit by EWI will enable the board to approve full membership.