** iCARE application Form**

YOU MUST READ AND SIGN THE TERMS AND CONDITIONS FOUND IN THE LATTER PART OF THIS DOCUMENT.

Please read instructions carefully. When submitting the Application Form, send it to iCARE@CanadaIndiaEducation.com as a Word document. Please do not print and/or PDF this form unless it is for your own reference. If you need to include any supplemental documents, please scan and include them as an attachment in your email when submitting this application.

## Applicant Information

What is the Primary Corporate Name of your agency? Click here to enter text.

If applicable, what is your Business License Number? Click here to enter text.

Please provide your Website URL:  Click here to enter text.

##### Agency Corporate Headquarters

Phone Number  Click here to enter text. Fax Number Click here to enter text.

Cell/Mobile Phone Number Click here to enter text. Zipcode/Postcode  Click here to enter text.

Mailing Address  Click here to enter text.

City  Click here to enter text.

State  Click here to enter text.

#####  CHIEF EXECUTIVE OFFICER / Top Level of Management

First Name  Click here to enter text. Last Name  Click here to enter text.

Title or Position  Click here to enter text.

Cell/Mobile Phone Number Click here to enter text.

Email Address Click here to enter text.

During the Membership approval Process (iCARE) we will correspond with one individual for each agency who we will treat as the ‘Applicant’. Please provide the name, contact information and address of the person you wish to represent your agency and manage the iCARE Process. This individual must be a Senior Staff member knowledgeable in the workings of your organizaton.

First Name  Click here to enter text. Last Name  Click here to enter text.

Title or Position  Click here to enter text.

City  Click here to enter text. State  Click here to enter text.

Zipcode/Postcode  Click here to enter text. Country  Click here to enter text.

Phone Number  Click here to enter text. Cell/Mobile Phone Number Click here to enter text.

Email Address  Click here to enter text.

##### Organizational Structure

Please list ALL the offices owned by your company that offer student recruitment services. If your organization has more than five (5) offices please include an attachment titled ‘Offices’ with the following information:

1. Address Click here to enter text.

City Click here to enter text.

Phone Click here to enter text.

Name of Contact Employee Click here to enter text.

Email of Contact Employee Click here to enter text.

1. Address Click here to enter text.

City Click here to enter text.

Phone Click here to enter text.

Name of Contact Employee Click here to enter text.

Email of Contact Employee Click here to enter text.

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Email of Contact Employee Click here to enter text.

1. Address Click here to enter text.

City Click here to enter text.

Phone Click here to enter text.

Name of Contact Employee Click here to enter text.

Email of Contact Employee Click here to enter text.

Please state the Legal Status (Sole Proprietorship / Incorporated / Private Limited, etc.) for your agencies.

Click here to enter text.

Please provide the names, email addresses, and phone numbers of all corporations and persons with 25% or more ownership.

 Name Email % of Ownership

**1.** Click here to enter text.Click here to enter text.Click here to enter text.

**2.** Click here to enter text.Click here to enter text.Click here to enter text.

**3.** Click here to enter text.Click here to enter text.Click here to enter text.

**4.** Click here to enter text.Click here to enter text.Click here to enter text.

## Agency Recruitment History

When did your agency begin offering recruitment services?

When did your agency begin recruiting students to Canadian education institutions?

Please list all the countries **you are currently recruiting students to.** Please Include an attachment titled ‘Countries’ if necessary.

 Country Branch Manager Phone # of Students Placed

1. Click here to enter text. Click here to enter text. Click here to enter text.

2. Click here to enter text. Click here to enter text. Click here to enter text.

3. Click here to enter text. Click here to enter text. Click here to enter text.

4. Click here to enter text. Click here to enter text. Click here to enter text.

5. Click here to enter text. Click here to enter text. Click here to enter text.

Please list all Canadian academic institutions for which you are currently recruiting students. Please include an attachment titled ‘Academic Institutions’ if necessary.

1. Canadian Academic Institution Click here to enter text.

Name of Primary Contact Click here to enter text.

Phone Click here to enter text.

Email Click here to enter text.

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Name of Primary Contact Click here to enter text.

Phone Click here to enter text.

Email Click here to enter text.

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Name of Primary Contact Click here to enter text.

Phone Click here to enter text.

Email Click here to enter text.

Please read the Terms and Conditions of CIEC Membership and the iCARE Process. Applicant must sign their name in the box below to indicate acceptance of these Terms and Conditions.

##### Terms and Conditions

The applicant recruitment agency (“Applicant”) hereby agrees to the Terms and Conditions as outlined below:

1. Applicant will provide accurate and complete information where requested.

2. CIEC employees and any persons or entities assisting with the iCARE Process shall have access to the information here provided by the Applicant Agency or collected throughout the iCARE Process.

3. CIEC will not share applicant information with any third parties for any reason except that stated above.

5. Misuse of the iCARE brand, fraudulent behaviour, and misrepresentation are considered sufficient grounds for termination. However, effort will be made to resolve any issues before terminating the membership of an iCARE Recognized Agency.

6. Upon termination of CIEC Membership, Applicant will discontinue use of all trademarks and logos belonging to CIEC as well as any representation that it is iCARE Certified.

7. In the event of termination, Applicant will be given written notice of the reasons for its termination.

9. Applicant will indemnify and hold CIEC and all associated parties, including members, agents, and staff, harmless from any claims, damages, losses, costs, and expenses arising out of either the Applicant’s breach of the iCARE Terms and Conditions or CIEC’s efforts to enforce these Terms and Conditions.

10. Applicant accepts that the $225 Application Fee will not be refunded under any circumstances. If Applicant is approved for CIEC Membership, they must pay the Membership Fee to become a CIEC Member.

11. If Applicant is granted CIEC Membership, they will remain a member for a period of 2 years, after which they may renew their membership by resubmitting the Assessment Report and Membership Fee. CIEC will not collect the Application Form and Application Fee.

12. If a CIEC Agent Member (iCARE) fails to renew their membership then the agency will immediately discontinue representing itself as being a member of the CIEC and cease all use of any iCARE or CIEC trademarks, logos, or services.

13. These Terms and Conditions will be governed exclusively by Canadian law. Any suit, action or proceeding seeking to enforce any provision of, or based on any right arising out of, these Terms and Conditions must be brought against either of the parties in the courts of Canada and each of the parties consents to the jurisdiction of such courts (and of the appropriate appellate courts) in any such suit, action or proceeding and waives any objection to jurisdiction or venue laid therein.

Signature \*

Click here to enter text.

Do you agree to the Terms and Conditions? \*

Yes [ ]  No [ ]

Please save a copy of the Application Form for your records and submit the Application Form via email attachment to: **iCARE@CanadaIndiaEducation.com.**