

# CHANGE OF EDUCATION AGENT REQUEST FORM



Please complete this form and email it to the  
Marketing Department at [agent@skillsaustralia.edu.au](mailto:agent@skillsaustralia.edu.au)

## STUDENT DETAILS

Family Name  Given Names

Student Number  Date of Birth (dd/mm/yy)

Current Agent Company Name  Branch

Does your current Agent agree to the Change of Agent? ☐ Yes ☐ No

Please explain why you want to change your Agent

## NEW AGENT DETAILS

Agent Company Name  Branch

Staff Name  Email

Work Phone  Mobile

## DECLARATION

- I certify that I have notified my current Agent of my request to change to a new Agent. If my application is approved, Skills Australia Institute will inform me, my current Agent and my new Agent of the change.
- I understand that if I have already paid for my fees or part thereof, and received a Confirmation of Enrolment (CoE) for my current course of study, no change of Agent will apply for that course of study.
- My preferred new Agent must be one of Skills Australia Institute's registered Agents.

Applicant's Signature  Date (dd/mm/yy)

Parent or Guardian's Signature  Date (dd/mm/yy)   
(If applicant is under 18 years of age)

## PLEASE COMPLETE THIS FORM AND SEND IT TO

Post: 230 Railway Parade, Cannington WA 6107

Email: [agent@skillsaustralia.edu.au](mailto:agent@skillsaustralia.edu.au)

Web: [www.skillsaustralia.edu.au](http://www.skillsaustralia.edu.au)

## OFFICE USE ONLY

Received by

Date Received  Date Processed

Approved ☐ Rejected ☐  
Student notified by email ☐ Agent notified by email ☐

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