CHANGE OF EDUCATION AGENT REQUEST FORM

Please complete this form and email it to the Marketing Department at agent@skillsaustralia.edu.au

SKILLS® AUSTRALIA INSTITUTE

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 (If applicant is under 18 years of age) | Date (dd/mm/yy)

PLEASE COMPLETE THIS FORM AND SEND IT TO

Post: 230 Railway Parade, Cannington WA 6107
Email: agent@skillsaustralia.edu.au
Web: 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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