

STUDENT REFERRAL FORM

Date: _____

Referring Student (Current Student)	
Full Name	
Student ID	
Referred Student	
Full Name	
Email Address	
Relationship to Referring Student	

Consent & Agreement

- Referring Student Declaration:

I confirm that I have informed my friend about this referral and that they have consented to be contacted by Skills Australia Institute. I understand I may be eligible for a referral reward only if the referred student successfully enrolls and meets the program's conditions.

Name: _____

Signature: _____

Date: _____

- Referred Student Declaration:

I consent to being contacted by Skills Australia Institute regarding course offerings. I acknowledge that my details were provided by the referring student listed above.

Name: _____

Signature: _____

Date: _____