

CHANGE OF EDUCATION AGENT REQUEST FORM

Please complete this form and email it to the Marketing Department at 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

Web: www.skillsaustralia.edu.au

OFFICE USE ONLY

Received by

Date Received Date Processed

Approved Rejected
Student notified by email Agent notified by email

Ver 2: 08/05/2024