

STATE OF EDUCATION AGENT REQUEST FORM

Please complete this form and email to perth@skills.qld.edu.au

STUDENT DETAILS

Family Name: Given Name:
Student Number: DOB(DD/MM/YY):

AGENT DETAILS

Current Agent Company Name:

Branch and Agent Representative Name:

Has your agent agreed to the change of Agent? Yes [] No []

Please explain your reasons on why you would like to change your agent:

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NEW AGENT DETAILS

Agent Company Name:

Branch and Agent Representative Name:

Email Address:

Work Phone:

DECLARATION

- I certify that I have notified my current agent of my request to change to a new agent. If approved, SIA will inform me, my current agent, and new agent of the change.
- My preferred new agent must be one of SIA's Registered Agents.

Applicant's Signature: Date (DD/MM/YY):

OFFICE USE ONLY		
	Initial & Signature	Date
Date received		
Approved by		
Confirmation Email		
Update student's agent		
Scanned & saved to Ax		
File to student folder		