

Agent Authorisation Form

Student Details

Student ID:	<input type="text"/>	Date of Birth:	<input type="text"/>
Family Name:	<input type="text"/>		
Given Name:	<input type="text"/>		
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

Student Declaration

I have been (offered/will be applying) a place at Baxter Institute doing the following course:

Course Name:	<input type="text"/>	Course Code:	<input type="text"/>
--------------	----------------------	--------------	----------------------

I would like to authorise the following **agent / new agent** (*please circle where applicable*) to represent me in all future applications and correspondence with the Institute.

Name of Company:	<input type="text"/>		
Address:	<input type="text"/>		
Name of Contact:	<input type="text"/>		
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

Reason for changing agent (if applicable):

Student Signature:	<input type="text"/>	Date:	<input type="text" value="DD/MM/YYYY"/>
--------------------	----------------------	-------	---

Privacy Statement

I understand that Baxter Institute may seek additional information about myself from my authorized agent as it is required to provide the Victorian Government and other lawful purposes, which may include my training activity data and my personal and background information. I also give consent for my authorized agent to disclose information regarding my employment outcomes/job placement for their recording purposes. When requested, Baxter Institute may disclose my personal information to my authorized agent and other relevant government authorities. For more information in relation to how student information may be used or disclosed, please contact Baxter Institute on 03 9650 0367 or email info@baxter.vic.edu.au

FOR OFFICE USE

Date of Submission:	<input type="text"/>	Administrator Signature:	<input type="text"/>
Update student folder & data:	<input type="text" value="DD/MM/YYYY"/>		
Finance Department Update:	<input type="text" value="DD/MM/YYYY"/>		

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute
 Ph: (03) 9650 0367 Fax: (03) 9654 1049
 Level 10, 399 Lonsdale Street, Melbourne Victoria 3000 Australia
 ABN 51 006 374 241 CRICOS Provider No: 02233M RTO: 7030
 Email: domesticstudent@baxter.vic.edu.au Website: www.baxter.vic.edu.au