

## Agent Authorisation Form

### Student Details

Student ID:  Date of Birth:

Family Name:

Given Name:

Telephone:  Mobile:

Email:

### Student Declaration

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

Course Code:  Course Name:

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:

Address:

Name of Contact:

Telephone:  Mobile:  Email:

Reason for changing agent (if applicable):

Student Signature:

Date:

### 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](mailto:info@baxter.vic.edu.au)

### **FOR OFFICE USE**

Date of Submission:  Administrator Signature:

Update student folder & data:

Finance Department Update:

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