

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 ATMC doing the following course:

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

I understand that ATMC 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 back-ground information. I also give consent for my authorized agent to disclose information regarding my employment outcomes/job placement for their recording purposes. When requested, ATMC 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 ATMC on 03 9650 0367 or email info@atmc.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"/>		

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