



NAFET

National Academy of Further Education & Training

Nomination of Agent Form

This form should be used if a student wishes to nominate a new Agent as his/her authorised Agent. Please submit the completed form to Administration.

SECTION A: Student Details

| | | | | | | | | |
|--------------------|--|--|--|--|--------------|-------------------------------|---------------------------------|--|
| Student ID No. | | | | | | | | |
| Given Name(s) | | | | | | | | |
| Surname | | | | | | | | |
| D.O.B (dd/mm/yyyy) | | | | | Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Course | | | | | | | | |
| Address | | | | | | | | |
| Suburb | | | | | Postcode | | | |
| Home Phone | | | | | Mobile Phone | | | |
| Email | | | | | | | | |

SECTION B: Old Agent Details

| | | | | | | | | |
|----------------------------------|--|--|--|--|----------|--|--|--|
| Agent Name | | | | | | | | |
| Address | | | | | | | | |
| Suburb | | | | | Postcode | | | |
| Phone (inc. country & area code) | | | | | | | | |
| Fax (inc. country & area code) | | | | | | | | |
| Agent Email | | | | | | | | |

SECTION C: New Agent Details

| | | | | | | | | |
|----------------------------------|--|--|--|--|----------|--|--|--|
| Agent Name | | | | | | | | |
| Address | | | | | | | | |
| Suburb | | | | | Postcode | | | |
| Phone (inc. country & area code) | | | | | | | | |
| Fax (inc. country & area code) | | | | | | | | |
| Agent Email | | | | | | | | |



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SECTION D: Reason for Change of Agent (please note that change of agent may only occur before a eCoE is issued by NAFET)

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SECTION E: Student Declaration

I declare that the information supplied on this form is correct and complete. I acknowledge the provision of incorrect information or the withholding of relevant information may affect my enrolment at NAFET. I further declare that my nomination of agent is prior to the issuance of my eCoE from NAFET.

| | | | | | |
|------------------|--|-------------|--|--|--|
| Signature | | Date | | | |
|------------------|--|-------------|--|--|--|

OFFICE USE ONLY

| | | | | | |
|--|-----------------------------------|--|---------------------------------------|-------|--|
| Received by Administration | Name: | | Date: | | |
| Outcome | <input type="checkbox"/> Approved | | <input type="checkbox"/> Not Approved | | |
| Reason(s) not approved (if applicable) | | | | | |
| Administration Executive Signature | | | | Date: | |
| Action Required | Actioned By | | Date | | |
| <input type="checkbox"/> Student given written notice of decision | | | | | |
| <input type="checkbox"/> Database updated | | | | | |
| <input type="checkbox"/> All documents filed in student folder – Administration Department | | | | | |



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