

F02_Change of Contact Details Form

CURRENT STUDENT DETAILS				
Name				
Date of Birth		Student ID		
Passport number				
CHANGE OF ADDRESS				
Residential Address				
Suburb/Town		State		Postcode
CHANGE OF PERSONAL DETAILS				
Students who wish to change their name on Institution records should attach appropriate supporting documentation, such as a certified copy of a birth certificate, marriage certificate, or other relevant documents of name change.				
Title				
New Surname		New Given Name		
Email		Mobile no.		
NEW PASSPORT				
New Surname (as shown exactly on passport)		New Given Name (as shown exactly on passport)		
New Passport Number		Date of birth		
Passport Issued Date		Passport Expiry Date		
EMERGENCY CONTACT DETAILS				
Contact Name				
Relationship				
Contact Number				

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PRIVACY STATEMENT

Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS Act and the National Code 2018; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances, information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law. The requirements of the registering authority may mean the release of your personal information for the purposes of audit or for collection of data by Commonwealth and State Government departments and agencies. It is a requirement of the VET Quality Framework that students can access personal information held by the Institute and may request corrections to information that is incorrect or out of date. Please apply to student administration if you wish to view your own records.

I hereby declare that all the information given on this form is complete and correct in all respects.

Student Signature		Date	
Office Use Only			
Received by		Date	
Is the change updated on SMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the change updated on PRISMS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Processed by		Signature	Date

Please note: If this document is sent back via email in typed form with all the required information provided, it will be considered as signed by the applicant.