Student Contact Details Change Form

Student Name: .....

Date of Birth: .....Student ID: .....

Course Name: .....

New Contact Details:

Address: .....

Telephone: .....Mobile: .....

Email: .....

Emergency Contact Details:

Name: .....

Address: .....

Telephone: .....Mobile: .....

Email: .....

Relationship to You: .....

Privacy Statement

Personal information is collected solely for the purpose of operating as a Registered Training Organisation under the VET Quality Framework administered by the Australian Skills Quality Authority, who are the registering authority. 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can access personal information held by the Institute and may request corrections to information that is incorrect or out of date.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.

Student Signature .....**Date**.....