

Student Contact Details Change Form

| Date of Birth:Student ID: | |
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| Course Name: | |
| New Contact Details: | |
| Address: | |
| Telephone:Mobile: | |
| Email: | |
| Emergency Contact Details: | |
| Name: | |
| Address: | |
| Telephone:Mobile | o: |
| Email: | |
| Relationship to You: | |
| Privacy Statement | |
| Personal information is collected solely for the purpose of operating under the VET Quality Framework administered by the Australian registering authority. The requirements of the registering authority minformation for the purposes of audit, or for collection of data by departments and agencies. It is a requirement of the VET Quality Frame information held by the Institute and may request corrections to information held by the student administration if you wish to view your own recommendation. | Skills Quality Authority who are the nay mean the release of your personal commonwealth and State Government work that students can access personal mation that is incorrect or out of date. |
| Student Signature Date | |