

Student Update Contact Details Form

Please Note:

- All fields must be completed.
- Use CAPITAL letters and print clearly.
- Use Black or Blue pen only (no pencil)
- Sign and date this form before submitting it.

STUDENT DETAILS

Family name:	Given name:
Student ID:	Date of Birth:
Mobile:	Email address:

COURSE DETAILS

<input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning)	
<input type="checkbox"/> BSB50820 Diploma of Project Management	<input type="checkbox"/> BSB60720 Advanced Diploma of Program Management
<input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care	<input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care
Course start date:	Course finish date:

CURRENT RESIDENTIAL ADDRESS

Building/Property name:	Flat/Unit number:	Street number:
Street Name:	Suburb:	State:
Postcode:	Home phone:	Mobile:
Email address:		

CURRENT POSTAL ADDRESS (if same as residential address tick "As above")

Building/Property name:	Flat/Unit number:	Street number:
Street Name:	Suburb:	State:
Postcode:	Home phone:	Mobile:
Email address:		<input type="checkbox"/> As above

EMERGENCY CONTACT DETAILS

Name:	Telephone:	Mobile:
Relationship:	Email address:	

PRIVACY DECLARATION

Information is collected on this form and during your enrolment in order to meet our obligations under the NVR Act (2011), the ESOS Act, the National Code of Practice for Providers of Education and Training to Overseas Students 2018; The Standards for Registered Training Organisations(RTOs) 2015 and the National Centre Vocational Education Research, Commonwealth Department of Education Skills and Employment and the Department of Home Affairs 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 National VET Regulators Act 2011 and the Education Services for Overseas Students Act 2000, Student Identifiers Act 2014 and Privacy Act 1988. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and other designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances, information collected on this form during your enrolment can be disclosed without your consent where authorized by Commonwealth and State and Territory Governments or required by law.

STUDENT DECLARATION

<input type="checkbox"/> I understand and agree that the information provided in this form can be used in accordance with the Privacy Declaration.	
<input type="checkbox"/> I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay the processing of the form.	
Student Signature:	Date:

FOR OFFICE USE ONLY

Date submission:	Staff name:	Staff signature:
Date updated SMS:	Staff name:	Staff signature:
Date updated PRISMS:	Staff name:	Staff signature: