

CHANGE TO PERSONAL INFORMATION

Make changes to any item where your personal information has changed since your last completed an enrolment form.

Student ID Number:

OFFICE STAFF USE ONLY

Entry Date: ____/____/____

Initials: _____

☐ Change of details taken by phone

Student Details

Surname: _____ First given name: _____

Other given names: _____ Preferred given name: _____

Title (Mr, Mrs, Ms, Miss, Dr, other): _____ Date of Birth: _____

Gender: ☐ Male ☐ Female

Telephone (H): _____ Telephone (W): _____

Mobile: _____ Fax: _____

Student Residential Address

Number and Street: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (if different from above)

Number and Street: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Changes to Emergency Contact Details

Surname: _____ Given name: _____

Telephone (H): _____ Telephone (W): _____

Mobile: _____ Relationship to student: _____

Employer Details

Employer Contact Details for Apprentices, Trainees and School-based Trainees Only

Business name: _____

Contact name: _____

Number and Street: _____

Suburb: _____ State: _____ Postcode: _____

Telephone (W): _____ Mobile: _____

Email: _____ Fax: _____

OFFICE USE ONLY - Employer Code: _____

Employment Status

Which best describes your current employment status? *(Tick one box only)*

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Unemployed – seeking full-time work | | |
| <input type="checkbox"/> Unemployed – seeking part-time work | <input type="checkbox"/> Not employed – not seeking work | | |

Declaration

I certify that all details provided on these forms are correct.

Student Signature: _____ Date: _____