

GEN100 AMENDMENT TO PERSONAL DETAILS

The information on this form is collected, reported and stored for the reporting purposes of the National Centre of Vocational Education Research (NCVER) to meet Australian Skills Quality Authority (ASQA) Standards for Total VET Reporting. All information is subject to the Privacy Act.

SECTION 1 - EXISTING PERSONAL DETAILS

Student number

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Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr

Surname

Given names

SECTION 2 - CHANGES TO PERSONAL DETAILS

Are you changing your name? ☐ Yes ☐ No

If 'Yes', certified documentary evidence must be attached to this form.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr

Surname

Given names

Preferred name
(not a nickname)

Date of birth
(dd/mm/yyyy)

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Former surname
(if applicable)

Are you changing your gender? ☐ Yes ☐ No

Gender ☐ F ☐ M ☐ X

Are you changing your postal address? ☒ Yes ☒ No

Building name

Flat/unit details

Street name

PO Box

Street/lot no.

Suburb/town

State

Post code

Effective date

Are you changing your emergency contact? ☐ Yes ☐ No

Contact name

Home phone
(including area code)

Email

Mobile phone

Effective date

Are you changing your home address? ☒ Yes ☒ No

Building name

Flat/unit details

Street name

Street/lot no.

Suburb/town

State

Post code

Effective date

Please turn page over.

Are you changing your contact numbers? ☐ Yes ☐ No

Phone
(including area code)

Mobile Phone

Work phone
(including area code)

Effective date

Are you changing a disclosure of a disability, impairment or long term medical condition which is likely to affect your studies? ☐ Yes ☐ No

If yes, then please indicate the areas of disability, impairment or long term conditions.

☐ Psychological and/or Physiological symptoms

☐ Intellectual

☐ Hearing/Deaf

☐ Vision

☐ Learning Difficulties

☐ Medical Condition

☐ Physical

☐ Other:

☐ Acquired Brain Impairment

SECTION 3 - DECLARATION AND SIGNATURE - All students should sign to avoid delay in processing

I declare that the information I have supplied on this form is, to the best of my knowledge, correct and complete.

Student signature

Date

OFFICE USE ONLY

Date received by S. Prog

Date processed by S. Prog

Processed by (name)

Processed by (signature)