

Student Administration

Student Progression 1800 677 095

Address: c/PO Batchelor NT 0845

Freecall:

Email: studentprogression@batchelor.edu.au

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	Surname Given names
SECTION 2 - CHANGES TO PERSONAL DETAILS	
Are you changing your name? O Yes O No If 'Yes', certified documentary evidence must be attached to this form. Title O Mr O Mrs O Ms O Miss O Dr Surname Given names	Preferred name (not a nickname) Date of birth (dd/mm/yyyy) Former surname (if applicable)
Are you changing your gender?	
Gender OFOMOX	
Are you changing your postal address? © Yes © No	
Building name	Suburb/town
Flat/unit details Street/lot no.	State Post code
Street name	Effective date
PO Box	
Are you changing your emergency contact? Yes O No	
Contact name	Mobile phone
Home phone (including area code)	Effective date
Email	
Are you changing your home address? O Yes O No	
Building name	Suburb/town
Flat/unit details Street/lot no.	State Post code
Street name	Effective date

Please turn page over.

This information will be collected and stored and used at Batchelor Institute in accordance with the Information Privacy Principles set out in the Northern Territory Information Act. If you have any queries regarding storage and collection of your information, please refer to the Institute's Privacy Statement www.batchelor.edu.au/privacy-statement or contact the Institute at enquiries@batchelor.edu.au or phone 1800 677 095.

Are you changing your contact numbers? O Yes	s O No
Phone (including area code)	Mobile Phone
Work phone (including area code)	Effective date
Are you changing a disclosure of a disability, impstudies?	pairment or long term medical condition which is likely to affect your \bigcirc Yes \bigcirc No
If yes, then please indicate the areas of disability Psychological and/or Physiological symptoms Hearing/Deaf Learning Difficulties Physical Acquired Brain Impairment	y, impairment or long term conditions. Intellectual Vision Medical Condition Other:
SECTION 3 - DECLARATION AND SIGNATURE	- All students should sign to avoid delay in processing
I declare that the information I have supplied on this for	m 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)

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