

Freecall: Address: Student Administration Student Progression 1800 677 095

c/PO Batchelor NT 0845 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                           |
| Title O Mr O Mrs O Ms O Miss O Dr   | 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<br>(if applicable) |
| Are you changing your gender?   |                                   |
| Gender OFOMOX   |                                   |
| Are you changing your postal address? O Yes O 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? $\bigcirc$ Yes $\bigcirc$ No   |                                   |
| Contact name  | Mobile phone                      |
| Home phone (including area code)  | Effective date                    |
| Email   |                                   |
| Are you changing your home address? $\bigcirc$ Yes $\bigcirc$ No  |                                   |
| Building name   | Suburb/town                       |
| Flat/unit details Street/lot no.  | State Post code                   |
| Street name   | Effective date                    |

Please turn page over.

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| Are you changing your contact numbers? $ igtriangledown$ Yes $ igtriangledown$ No | 0  |
|---|--|
| Phone (including area code)   | Mobile Phone   |
| Work phone (including area code)  | Effective date   |
| Are you changing a disclosure of a disability, impairment studies?                | or long term medical condition which is likely to affect your $\bigcirc$ Yes $\bigcirc$ No |
| If yes, then please indicate the areas of disability, impair                      | 9  |
| Psychological and/or Physiological symptoms                                       |  |
| ☐ Hearing/Deaf ☐ Learning Difficulties  | <ul><li>☐ Vision</li><li>☐ Medical Condition</li></ul>                                     |
| ☐ Physical  | Other:   |
| Acquired Brain Impairment   | Li Other.  |
| SECTION 3 - DECLARATION AND SIGNATURE - All stud                                  | lents should sign to avoid delay in processing   |
| I declare that the information I have supplied on this form is, to the            | e 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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