

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 Mr Mrs Ms Miss Dr 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 Preferred name _____
(not a nickname)
Surname _____ Date of birth _____
(dd/mm/yyyy)
Given names _____ Former surname _____
(if applicable)

Are you changing your gender? Yes No

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

Gender F M X

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 No

Contact name _____ Mobile phone _____
Home phone _____ Effective date _____
(including area code)
Email _____

Are you changing your home address? Yes No

Building name _____ Suburb/town _____
Flat/unit details _____ Street/lot no. _____ State _____ Post code _____
Street name _____ 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)