

Student Administration

Student Progression 1800 677 095 (08) 8939 7334

Address: c/PO Batchelor NT 0845

Freecall:

Fax:

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?		
Title O Mr O Mrs O Ms O Miss O Dr	Preferred name (not a nickname)	
Surname	Date of birth (dd/mm/yyyy)	
Given names	Former surname (if applicable)	
Are you changing your gender? O Yes O No If 'Yes', certified documentary evidence must be attached to this form.		
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? 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  Please to	Effective date	

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 privacyofficer@batchelor.edu.au or phone (08) 8939 7345.

Are you changing your contact numbers? $\bigcirc$ Yes $\bigcirc$ N	0
Phone (including area code)	Mobile Phone
Work phone (including area code)	Effective date
Are you changing a disclosure of a disability, impairment studies?	t or long term medical condition which is likely to affect your $$
If yes, then please indicate the areas of disability, impair  Psychological and/or Physiological symptoms  Hearing/Deaf  Learning Difficulties  Physical  Acquired Brain Impairment	ment or long term conditions.  Intellectual Vision Medical Condition Other:
SECTION 3 - DECLARATION AND SIGNATURE - All stud	dents should sign to avoid delay in processing
I declare that the information I have supplied on this form is, to th	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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