

Relation

2023 PERSONAL DETAILS VARIATION

(V1) This application is to be completed by students who have changed any of OFFICE USE ONLY - STAFF: UPDATED IN STUDENTONE: their personal details since their last enrolment. SIGN DATE...../..../ Please return this form to: Student Administration, Box Hill Institute STAFF NOTE: Change of name request—before processing any name change you must check: USI Private Bag 2014, Box Hill, VIC 3128 and TFN (for students accessing HELP Loans) Ph: (03) 9286 9555 Fax: (03) 9286 9018. Email: studentadmin@boxhill.edu.au (signed PDF attachment only) Are you an Are you an Apprentice/Trainee? international **STUDENT ID** student? No ☐ Yes ☐ No ☐ Yes ☐ Gender: Male Female **SURNAME DATE OF BIRTH GIVEN NAMES** I declare that the information I have provided on this form is true and correct. I have read and understood the Privacy Policy below. **SIGNATURE** DATE YOUR PRIVACY Your personal information will be collected and used for the purposes set out in Box Hill Institute's Personal Tick Information Privacy Collection Notice - available to be viewed at: www.boxhill.edu.au or www.cae.edu.au 1. CHANGE OF NAME IMPORTANT: Certified documentary evidence (ie: Marriage Certificate/Deed Poll Notice) must be attached or the original presented for viewing & copying when submitting this form. PROOF SIGHTED **NEW SURNAME NEW GIVEN NAMES** Authorised Signature & Stamp GENDER Male \Box Female \Box Date CHANGE OF ADDRESS (LOCAL) (Tick "Preferred" in S1 for this address type. For Apprentices/Trainees notify the AASN provider within 2 weeks) 2a). **ADDRESS SUBURB POSTCODE** PH (HOME) PH (WORK) PH (MOBILE) 2b). CHANGE OF ADDRESS (OVERSEAS / PERMANENT)

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PERMANENT ADDRESS			F	POSTCODE			
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FUTURE CORRESPONDENCE: Do you need all future correspondence to be sent to your permanent address?							
NO YES (S1 Data Entry Staff: Please alter overseas address details via modify. Then add the new overseas address line. Tick "permanent overseas" as the address type)							
3. CHANGE OF EMAIL ADDRESS							
NEW EMAIL ADDRESS							
4. CHANGE OF EMPLOYER (Alter original employer and record end date. Then "add" new employer line. For Apprentices/Trainees notify the AASN provider within 2 weeks)							
COMPANY NAME							
ADDRESS							
SUBURB			P	POSTCODE			
PH (WORK)	()	EMAIL(WORK)					
CONTACT PERSON		DATE STARTED)				
5. CHANGE OF EMERGENCY CONTACT							
						RELATIONS	HP:

PH (MOB)

FULL NAME

PH (HOME)