



# 2024 PERSONAL DETAILS VARIATION

(V1)

This application is to be completed by students who have changed any of their personal details since their last enrolment.

Please return this form to:

Student Administration, Box Hill Institute

Private Bag 2014, Box Hill, VIC 3128

Ph: (03) 9286 9555 Fax: (03) 9286 9018.

Email: [studentadmin@boxhill.edu.au](mailto:studentadmin@boxhill.edu.au) (signed PDF attachment only)

OFFICE USE ONLY - STAFF: UPDATED IN STUDENTONE:

SIGN..... DATE.....

STAFF NOTE:

Change of name request—before processing any name change you must check: USI and TFN (for students accessing HELP Loans)

STUDENT ID		Are you an international student? No <input type="checkbox"/> Yes <input type="checkbox"/>	Are you an Apprentice/Trainee? No <input type="checkbox"/> Yes <input type="checkbox"/>
SURNAME		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
GIVEN NAMES		DATE OF BIRTH	
SIGNATURE		DATE	

I declare that the information I have provided on this form is true and correct. I have read and understood the Privacy Policy below.

Tick

YOUR PRIVACY

Your personal information will be collected and used for the purposes set out in Box Hill Institute's Personal Information Privacy Collection Notice – available to be viewed at: [www.boxhill.edu.au](http://www.boxhill.edu.au) or [www.cae.edu.au](http://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.

NEW SURNAME		<b>PROOF SIGHTED</b> _____ Authorised Signature & Stamp _____ / ____ / ____ Date
NEW GIVEN NAMES		
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>	

**2a). CHANGE OF ADDRESS (LOCAL)** (Tick "Preferred" in S1 for this address type. For Apprentices/Trainees notify the AASN provider within 2 weeks)

ADDRESS				
SUBURB		POSTCODE		
PH (HOME)	( )	PH (WORK)	( )	
PH (MOBILE)				

**2b). CHANGE OF ADDRESS (OVERSEAS / PERMANENT)**

PERMANENT ADDRESS				
		POSTCODE		

**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		POSTCODE		
PH (WORK)	( )	EMAIL(WORK)		
CONTACT PERSON		DATE STARTED		

**5. CHANGE OF EMERGENCY CONTACT**

FULL NAME				
PH (HOME)	( )	PH (MOB)		

RELATIONSHIP:  
 Friend ..... F  
 Guardian ..... G  
 Parent ..... P  
 Relation ..... R  
 Spouse ..... S  
 De Facto ..... D