

# 2026 PERSONAL DETAILS VARIATION

(V2)

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:

**Customer Care, Box Hill Institute**  
**Private Bag 2014, Box Hill, VIC 3128**

Ph: 1300 269 445

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

OFFICE USE ONLY - STAFF: UPDATED IN STUDENTONE:

SIGN..... DATE...../...../.....

**STAFF NOTE:** Change of name request—before processing name changes please check: USI. Please check TFN (for students accessing HELP Loans). Check with SAS team prior to changing names.

STUDENT ID
SURNAME
GIVEN NAMES
GENDER

Are you an international student? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Are you an Apprentice/Trainee? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
DATE OF BIRTH	
Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different term <input checked="" type="checkbox"/>	

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
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DATE	
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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	
NEW GIVEN NAMES	
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different Term <input checked="" type="checkbox"/>

PROOF SIGHTED

Authorised Signature & Stamp  
  
 /  /   
Date

## 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					
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## 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