Student Change of Contact Details Form

☐ DOMESTIC STUDENT   ☐ INTERNATIONAL STUDENT

All fields must be completed Use Black or Blue pen only (no pencil)
Use CAPITAL letters and print clearlySign and date this form before submitting.

Applicant Details

Student ID: Date of Birth:

Family Name (as per enrolment registration):

Given Name (as per enrolment registration):

mobile phone: email address:

Course enrolment Details:

Course code (e.g. SHB40121):

Course title (e.g. Cert IV Beauty Therapy):

Course start date: Course finish date:

Unique Student Identification (USI) Number:

N.B If we do not have your USI we can not issue a qualification certificate

Current Home/Residential Address:

Building/Property Name: Flat/Unit No.   Street/Lot No.

Street Name: Suburb/Town:

State/Territory: Postcode: Work phone:

Current Postal Address: (if same as current home address write as above)

Building/Property Name: Flat/Unit No.   Street/Lot No.

Street Name: Suburb/Town: State/Territory:

Postcode:

Emergency Contact:

Name of emergency contact: Relationship:

Home phone: Work phone: Mobile:

Email:

Privacy Declaration:

Information is collected on this form and during your enrolment in order to meet our obligations under the NVR Act (2011), the ESOS Act, the National Code of Practice for Providers of Education and Training to Overseas Students 2018; The Standards for Registered Training Organisations (RTOs) 2015 and the National Center Vocational Education Research, Commonwealth Department of Education Skills and Employment and the Department of Home Affairs to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the National VET Regulators Act 2011 and the Education Services for Overseas Students Act 2000, Student Identifiers Act 2014 and Privacy Act 1988. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and other designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information collected on this form during your enrolment can be disclosed without your consent where authorized by Commonwealth and State and Territory Governments or required by law.

Student declaration:

☐ I understand and agree that the information provided in this form can be used in accordance with the Privacy Declaration.

☐ I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the form.

Student signature: Date:

Melbourne College of Hair and Beauty
Level 1, 1 Star Crescent, Docklands, VIC, Australia 30086
03 8637 0354
RTO No: 21943 — CRICOS: 02886G

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Office use: N.B request MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for fee re-calculation.

Approved: ☐ YES ☐ NO

Director of Studies/delegate signature: Date:

Printed Name:

Date request received: Received by:*(MCOHB staff name)*

staff member position:

Finance check and approval: ☐ YES ☐ NO   Date:

Finance staff member name: Finance staff member position:

SMS updated   ☐ YES ☐ NO   Date updated:

Admin officer Name:

PRISMS updated   ☐ YES ☐ NO   Date updated:

Admin officer Name:

Students' education agent notified: ☐ YES ☐ NO

If Yes: Date notified: Method education agent notified: ☐ Letter ☐ email

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