

Student Change of Contact Details Form



PERSONAL DETAILS

First Name:		Last Name:	
Student ID:		Date of Birth:	___/___/___
Email Address:		Mobile Number:	

UPDATED DETAILS

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____

Email Address: _____ Mobile: _____

EMERGENCY CONTACT DETAILS

Contact Name: _____

Full Address: _____

Telephone: _____

Email Address: _____ Mobile: _____

Privacy Statement

Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS Act and the National Code 2007; 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 Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the TPS Director. In other instances, information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

Student Signature: _____

Date: ___/___/___

OFFICE USE ONLY

Received & Processed by: _____

Date: ___/___/___

Details entered in the system: Yes No

Signature: _____