

Student Contact Details Change Form

Student Name:	
Date of Birth:	Student ID:
Course Name:	
Note: As per the National Code of Prac any change to your contact details (add	tice 2018 Standard 3.5 and the ESOS Act 2000, you must notify RBA within 7 days of dress, phone number, email).
New Contact Details:	
Address:	
Telephone:	Mobile:
Email:	
Preferred method of contact (tick	k one): □ Email □ Phone □ SMS
Emergency Contact Details:	
Name:	
Address:	
Telephone:	Mobile:
Email:	
Relationship to You:	
Consent I consent to the Institute sharing rel Yes □ No □	levant information with my emergency contact in case of an emergency:
Privacy Statement	
the VET Quality Framework admir regulatory authority., the Departm requirements of the registering au- audit, or for collection of data by requirement of the VET Quality Fra- may request corrections to inform	olely for the purpose of operating as a Registered Training Organisation under nistered by the Australian Skills Quality Authority who are the registering and tent of Education, or the Department of Home Affairs where required. The thority may mean the release of your personal information for the purposes of y Commonwealth and State Government departments and agencies. It is a amework that students can access personal information held by the Institute and ation that is incorrect or out of date. Please apply to the Training or Campus w your own records. For full details, see our Privacy Policy at: cies
•	ded above is accurate and complete. I understand my responsibility to keep my acknowledge the privacy terms outlined above.
Student Signature	Date
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