Student Change of Details Form

Student Change of Details

☐ I am a student of Vocational Careers Institute and wish to advise a change of :

☐ Name (please provide proof of change of name) ☐ Home Address ☐ Contact Details

☐ Other: _____ ☐ Employer/Workplace

Student Name (as on current records): Date of Birth: / /

Current Course:

Please provide new information below

Surname:

First Name: Middle Name/s:

Home Address:

Ph: Fax: Mobile:

Email

Workplace/ Employer (workplace based courses):

Signed Date:

Organisation Change of Details (Only complete if you are an employer/business)

☐ I am an organisation/ client/ employer of a student of Vocational careers Institute and wish to advise a change of :

☐ Company or Business Name ☐ Business or Postal Address ☐ Contact Details

☐ Other: _____ ☐ Contact Person

Please provide new information below

Business Name:

Contact Person: Position:

Business and/or Postal Address

Ph: Fax: Mobile:

Email

Signed Mobile:

Please return this completed form to Vocational Careers Institute via **info@vocareersinstitute.edu.au** or submit in person at campus 310 Montague Road West End QLD 4101