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CRICOS No: 03483G | RTO No: 40794

Student Contact Details Change Form

Student Name:	
Date of Birth:	Student ID:
Course Name:	
New Contact Details:	
Address:	
Telephone:	Mobile:
Email:	
Emergency Contact Details:	
Name:	
Address:	
Telephone:	Mobile:
Email:	
Relationship to You:	
Privacy Statement	
under the VET Quality Framew registering authority The require information for the purposes of departments and agencies. It is personal information held by the	solely for the purpose of operating as a Registered Training Organisation ork administered by the Australian Skills Quality Authority who are the ments of the registering authority may mean the release of your persona audit, or for collection of data by Commonwealth and State Government a requirement of the VET Quality Framework that students can access Institute and may request corrections to information that is incorrect or our ning Manager or Campus Manager if you wish to view your own records.
Student Signature	Date