



sheila baxter
training centre

Personal Details Variation

Please Note:

- This form must include your Student ID number
- Please use capital letters and print clearly
- Complete only the section/s that require changes
- Please sign and date this form before submitting

Student ID Number:

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Family Name:

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Given Name:

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Date of Birth:

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New Address for Correspondence

House No/ Street Name:

Suburb/Town:

State/Country: Post Code

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Phone: Mobile:

Email:

New Emergency Contact Details

Contact Name:

Relationship: Contact Phone:

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 Tuition Assurance Scheme and the ESOS Assurance Fund Manager. 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 ONLY

Update Data Yes on ___/___/___ No

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