

Student Change of Details Form

Student Change of Details

- ☐ I am a student of SHIC 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:

Student ID:

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

- ☐ I am an organisation/ client/ employer of a student of SHIC 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:

Date:

Please return this completed form to SHIC, at – Reception@shic.vic.edu.au