

CHANGE IN PERSONAL DETAILS FORM

| Student Name | | | | Date Of Birt | h | |
|---|------------------------|---------------|--|--------------|------|-----------|
| Student Number | | | | Date Of Cha | ınge | |
| | | | | | | |
| Tick Please record any changes to your student details below | | | | | | |
| П | Address | | | | | |
| | Addiess | Sub | Suburb: | | | Postcode: |
| | Phone | | | | | |
| | Email | | | | | |
| | Emergency Contact Na | Contact Name | | | | |
| | Emergency Contact Ph | Contact Phone | | | | |
| | Relationship to Studer | p to Student | | | | |
| | Agent Name | | | | | |
| | Agent Contact Numbe | er | | | | |
| | USI Number | | | | | |
| | OSHNUMBER | If | If you do not have one or forgot, please go to <u>www.usi.gov.au</u> to find/create one. | | | |
| ☐ Other Changes | | | | | | |
| | other changes | | | | | |
| <u> </u> | | | | | | |
| Student Declaration | | | | | | |
| I declare the information I have provide in the form is true and correct | | | | | | |
| Student Signature: | | | | | | Date: |
| Please return this completed form to your Spring Hill College Campus or Email: | | | | | | |
| student.support@springhillcollege.edu.au | | | | | | |
| Office Use Only | | | | | | |
| Receiving Officer Details | | | | | | |
| Name | | | | Position | | |
| Signature Where applicable has the following been | | | actionada | Date | Doto | Cignatura |
| Where applicable has the following been actioned? Date Signature Student management system updated □ Yes □ No □ N/A | | | | | | Signature |
| Learning management system updated | | | | | | |
| PRISMS updated | | | ☐ Yes ☐ No | □ N/A | | |

Spring Hill College | RTO Code: 45560 | CRICOS CODE: 03816B | ABN: 72632079102 Phone: 07 3523 4224 | Email: student.support@springhillcollege.edu.au Location: 62 Astor Terrace Spring Hill QLD 4000