



Australian Skills Centre Pty Ltd t/as Austech Business Institute  
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## Student Change of Details Form v2 Nov 22

### Student Change of Details

I am a student of Austech Business Institute (ABI) and wish to advise a change of:		
<input type="checkbox"/> Name (Proof of change of name required)	<input type="checkbox"/> Home Address	<input type="checkbox"/> Contact Details
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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

I am an organisation/ client/ employer of a student of ABI and wish to advise a change of:		
<input type="checkbox"/> Company or Business Name	<input type="checkbox"/> Business or Postal Address	<input type="checkbox"/> Contact Details
<input type="checkbox"/> Other:	<input type="checkbox"/> Contact Person	

### Please provide new information below

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Business and/or Postal Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_