

## Change of Personal Contact Details

Student ID Number: \_\_\_\_\_ Name (*Full Name*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### New Personal Details

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address (if same as residential address please write AS ABOVE):

\_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

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

### New Emergency Contact Details

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

Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

### New Medical Details:

Family Doctor details

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

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please advise the RTO of your change of contact details within 7 days of change.*

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