



Use this form to tell us about changes in your personal information. Drop the form at reception or send an email to info@aibt.edu.au

Information is within the guidelines of the Privacy Principles contained in the Privacy Act 1988 and will be used solely for AIBT training activities.

1. STUDENT DETAILS			
First Name:		Last Name:	
Address			
Suburb:		Postcode:	
Nationality:		Date of Birth:	
Mobile Number:		Email:	
2. PARENT / GUARDIAN (if student under 18 years of age)			
First Name:		Last Name:	
Address			
Suburb:		Postcode:	
Nationality:		Date of Birth:	
Mobile Number:		Email:	
3. EMERGENCY CONTACT			
First Name:		Last Name:	
Mobile Number:		Relationship:	
4. QUALIFICATION / COURSE DETAILS			
Course Title:			
Commencement Date:		Completion Date:	
5. AUTHORISATIONS			
I _____ authorise AIBT to collect, store and use my personal information within the limitations of the Privacy Principles contained in the Privacy Act 1988.			
Student / Guardian Signature: _____		Date: _____	



Change of Details Form

OFFICE USE ONLY			
Student ID:		Commencement Date:	
Completion Date:		Data Entered by:	