

### **CHANGE OF CONTACT DETAILS FORM**

## **Notification of Change of Contact Details**

-Please provide your new details in the space provided.

-It is mandatory to update the college with any changes to your contact information within seven days of the change.

Confidentiality: To ensure compliance with the Commonwealth Privacy Act, VIITE Pty Ltd College adheres to strict confidentiality protocols. We guarantee that all personal information will remain confidential unless you specify otherwise. Please note that in accordance with VIITE College's Privacy Policy, information recorded on this form will not be disclosed to any external entities.

# **Student Details**

Student Name:				
Date of Birth:	/	/	Student ID:	

#### **Student Contact Details**

(Please note, all correspondence will be sent to this address & email)

Number and Street:		
Suburb/Town:	Town/City:	
State:	Postal/Zipcode:	
MobileNumber:	Email:	

#### **Emergency Contact Details**

(Please note that this person will be contacted if we fail to make contact with you)

Contact Name:			
Number and Street:			
Suburb/Town:	Town/City:		
State:	Postal/ Zip code:		
Mobile Number:	Email:		
Student's Signature:	Date:	/	/

### For Office Use Only

	Updated on RTOM	Updated on PRISMS		
Staff Name:		Staff Name:		