

# Student Contact Details Form

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## Student Contact Details Form

Family Name .....

Given Name .....

Date of Birth..... Student ID :.....

Course Name.....

### New Contact Details:

Address .....

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Telephone ..... Mobile.....

Fax ..... Email .....

### Emergency Contact Details:

Emergency Contact Person Name: .....

Relationship .....

Address .....

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Telephone ..... Mobile.....

Fax ..... Email .....

**Privacy Statement**

Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS Act and the National Code 2007; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

Student signature.....

Date .....

**For Office Use only**

Updated on Database

Updated on EMT

Staff Name: .....

Staff Signature:.....

Date:.....

Updated on Accounts

Staff Name: .....

Staff Signature:.....

Date:.....