



## CHANGE TO ADDRESS and/or PERSONAL DETAILS

Student family name \_\_\_\_\_

Other names \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of change taking effect \_\_\_\_\_

Course currently studying & Code \_\_\_\_\_

Details of change new address  other  name change

reason/details of change

\_\_\_\_\_  
\_\_\_\_\_

old address

\_\_\_\_\_  
\_\_\_\_\_

new address

\_\_\_\_\_  
\_\_\_\_\_

I declare the above information to be true and correct.

\_\_\_\_\_  
Name, signed and dated.

**Office use only -**  
**date received and officer name** \_\_\_\_\_

**processed by and date** \_\_\_\_\_

**Skilled Services Australia Pty Ltd trading as Skills Institute Australia**

**CRICOS CODE 03328G RTO CODE 32473**

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