



Student Details

Family name

Given names

Date of Birth Student ID

Course Name

New Contact Details

Address

.....

Telephone Mobile.....

Fax Email

Emergency Contact Details:

Emergency Contact Person Name:

Relationship:

Address

.....

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 2018; 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 2018. 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 authorized or required by law.

Student signature:

Date:

FOR OFFICE USE ONLY

Admin Department

Update in Wise Net:

Updated in PRISMS:

Staff Name:

Date:

Accounts Department

Staff Name:

Date: