

## Student Change of Details Form

Please tick area(s) of study:

Beauty  Make-up  Early Childhood  IT  Leadership & Management  Marketing

### Current Personal Details

Surname: ..... First Name: .....

Student ID: ..... Gender: Female  Male  Other  Date of Birth: .....

### Change Request

Please indicate what details you are changing (e.g.: address, name): .....

Address: .....

Suburb: ..... State: ..... Postcode: .....

Email Address: .....

Phone No.: ..... Mobile No.: .....

**NOTE:** If you are requesting a change in your name\*\*, please provide your new details below:

Surname: .....

Given Name/s: .....

\*\*If you are changing your name please supply appropriate certified evidence (e.g: Marriage Certificate, Change of Name Certificate, etc.)

### Student Declaration (must be signed & dated)

I declare that the information supplied on this form is true and correct:

Student Signature: ..... Date: .....

Once this form has been completed please provide to your Trainer, Reception Staff or forward to Pragmatic Training via one of the methods below:

**By mailing:**

PO Box 11170  
Bayside Shopping Centre  
Frankston Vic 3199

Fax: 03 9783 7008

e-mail: [PrivacyOfficer@PT.Edu.au](mailto:PrivacyOfficer@PT.Edu.au)

### Office Use Only:

More Information (if required): .....

Processed by: ..... Date: ..... SMS Updated