Greenhill Institute Pty Ltd t/a Greenhill Institute

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STUDENT CONTACT DETAILS CHANGE FORM	
Student Name:	
Date of Birth:	Student ID:
Course Name:	
<b>Note:</b> As per the National Code of Practice change to your contact details (address, pho	2018 Standard 3.5 and the ESOS Act 2000, you must notify GI within 7 days of any one number, email).
New Contact Details:	
Address:	
Telephone:	Mobile:
Email:	
Preferred method of contact (tick one):	□ Email □ Phone □ SMS
<b>Emergency Contact Details:</b>	
Name:	
Address:	
Telephone:	Mobile:
Email:	
Relationship to You:	
Consent I consent to the Institute sharing relevant Yes	information with my emergency contact in case of an emergency:
Privacy Statement	
Quality Framework administered by the A the Department of Education, or the Dep authority may mean the release of your Commonwealth and State Government de students can access personal information h	or the purpose of operating as a Registered Training Organisation under the VET ustralian Skills Quality Authority who are the registering and regulatory authority, partment of Home Affairs where required. The requirements of the registering repersonal information for the purposes of audit, or for collection of data by epartments and agencies. It is a requirement of the VET Quality Framework that need by the Institute and may request corrections to information that is incorrect or stration if you wish to view your own records. For full details, see our privacy policy ms-policies/
I declare that the information provided abinformation up to date and acknowledge th	pove is accurate and complete. I understand my responsibility to keep my contact the privacy terms outlined above.
Student Signature	Date