Greenhill Institute Pty Ltd t/a Greenhill Institute **RTO NO.** 45872 **I CRICOS NO.**: 04029K

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## **Student Contact Details Change Form**

Student Name:		
Date of Birth:Student ID:		
Course Name:		
Note: As per the National Code of Practice 2018 Standard 3.5 and the ESOS Act 2000, you must notify GHI within 7 change to your contact details (address, phone number, email).	days of	any
New Contact Details: Address:		
Telephone:Mobile:		
Email:		
Preferred method of contact (tick one): $\square$ Email $\square$ Phone $\square$ SMS		
Emergency Contact Details:		
Name:		
Address:		
Telephone:Mobile:		
Email:		
Relationship to You:		
Consent I consent to the Institute sharing relevant information with my emergency contact in case of an eme Yes $\  \   \Box$ $\  \   No$ $\  \   \Box$	rgency:	
Privacy Statement		
Personal information is collected solely for the purpose of operating as a Registered Training Organisation under Quality Framework administered by the Australian Skills Quality Authority who are the registering and authority, the Department of Education, or the Department of Home Affairs where required. The required registering authority may mean the release of your personal information for the purposes of audit, or for coll by Commonwealth and State Government departments and agencies. It is a requirement of the VET Quality Frastudents can access personal information held by the Institute and may request corrections to information that or out of date. Please apply to student administration if you wish to view your own records. For full details, see policy at https://greenhillinstitute.vic.edu.au/privacy policy/	nd regular ements of ection of amework at is incom	atory f the data that
I declare that the information provided above is accurate and complete. I understand my responsibility to k information up to date and acknowledge the privacy terms outlined above.	еер ту с	contac
Student SignatureDate		