

Student Change of Details Form

Student Change of Details

I am a student of Edunex Training and wish to advise a change of:

- Name (please provide proof of change of name)
 Home Address
 Contact Details
 Other: _____
 Employer / Workplace

Student Name (as on current records): _____ Date of Birth: / /

Current Course: _____

Please provide new information below

Surname: _____

First Name: _____ Middle Name/s: _____

Home Address: _____

Ph: _____ Fax: _____ Mobile: _____

Email: _____

Workplace/ Employer (workplace-based courses): _____

Signed: _____ Date: _____

Organisation Change of Details

I am an organisation/ client/ employer of a student of Edunex Training and wish to advise a change of:

- Company or Business Name
 Business or Postal Address
 Contact Details
 Other: _____
 Contact Person

Please provide new information below

Business Name: _____

Contact Person: _____ Position: _____

Business and/or Postal Address: _____

Ph: _____ Fax: _____ Mobile: _____

Email: _____

Signed: _____ Date: _____

Please return this completed form to Edunex Training, info@edunex.edu.au or 47 Translink Dr, Keilor Park VIC 3042