

Student Personal Details Form

Information contained in this document is utilised in accordance with National Training Centre of Australia Privacy Policy

Please complete the following form in full and return.

If you have any questions, please contact the Student Support Officer

Section 1 – Student Details

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:	
Surname:						
Given Names:						
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	/	/	/
Student USI			Student Number			
Qualification/s enrolled	1) 2) 3)				Year of commencement	

Section 2 – Contact Details

Personal Contacts						
Phone: (Home)			Mobile:			
Email:						
Home Address:						
Suburb:			State:		Postcode:	
Mailing Address:						
Suburb:			State:		Postcode:	
Emergency Contact:						
Name:			Relationship:			
Contact Tel:			Mobile No:			
Home address			PO Box			
Email address						

Section 3 – Position / Job role

Position Title:						
Industry						
I declare that the information provided is true and correct. I am also aware that should any of my contact details change I am to advise SSO within seven (7) days. I am also aware that for every six months at National Training Centre of Australia I am required to have a interview with SSO to confirm all information is correct.						
Signature:			Date:	/	/	/

Student Support Officer Use Only

Student information in Student Management System is correct:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/	/	Initial:	
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