Student Personal Details Form

Information contained in this document is utilised in accordance with National Training College 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:	☐ Mr.	☐ Mrs.	☐ Ms.	☐ Miss	☐ Other:
Surname:					
Given Names:					
Gender:	☐ Male	☐ 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.			
Signature:		**Date:**	/ /

Student Support Officer Use Only						
Student information in Student Management System is correct:	☐ Yes	☐ No	**Date:**	/ /	**Initial:**	

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