



CHANGE OF PERSONAL DETAILS FORM

RTO 21832 CRICOS 03356C

EMAIL: STUDENTSUPPORT@AGB.EDU.AU PHONE: 1300 123 242 CORRESPONDENCE: PO BOX 1284, GEELONG, VIC, 3220

PLEASE NOTE: Amendments to your name, title, date of birth and gender must be done in person by submitting this form and supporting documents at your nearest campus. Other amendments or enquiries can be made through studentsupport@agb.edu.au or by phone on +61 3 5221 2611.

CHANGE OF NAME, TITLE, DATE OF BIRTH OR GENDER – YOU MUST SUPPLY ORIGINAL OR CERTIFIED COPIES OF DOCUMENTARY EVIDENCE WHEN SUBMITTING THIS FORM (PASSPORT, BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, DEED POLL, IMMIGRATION CARD)

It is **YOUR RESPONSIBILITY** as a student to make sure your personal details are accurate. Please write in **BLOCK LETTERS** using a black or blue pen.

PERSONAL DETAILS:

Student Type: Domestic International **Gender:** Male Female Indeterminate/Intersex/Unspecified

Student ID (if known):.....

Title: Mr. Miss Mrs. Ms. Other Please Specify

Family Name (As stated on passport)..... **Date of Birth:** ___/___/___

Given Name (As stated on passport)..... **Country of Citizenship**.....

CHANGE OF PERSONAL DETAILS: YES NO

Title: Mr. Miss Mrs. Ms. Other Please Specify

Family Name (As stated on passport)..... **Date of Birth:** ___/___/___

Given Name (As stated on passport)..... **Country of Citizenship**.....

CHANGE OF ADDRESS: YES NO

Usual Residential Address:.....

Suburb: **Postcode:**

Phone: (Home).....(Work):..... (Mobile):.....

Email Address: (compulsory)

CHANGE OF PHONE NUMBER OR EMERGENCY DETAILS: YES [] NO []

Phone: (Home).....(Work):..... (Mobile):.....

Email Address: (compulsory) Emergency contact name:.....

Emergency contact phone..... Relationship.....

NAME ORDER ON FORMAL DOCUMENTATION:

How would you like your name to be ordered on formal documentation, such as your Certificate?

[] Standard order: first name, surname

[] Alternative order: surname, first name

I understand that AGB Training collects, stores, and uses personal information in accordance with the college Privacy Policy, available at <https://www.agb.edu.au/about/policy-and-procedures>

Signature of Applicant:..... Date: ___/___/___

SUBMIT THIS FORM:

Submit this form in person	Post this form to	Email this form to	Contact Accounts
31 Barwon Terrace South Geelong Victoria, 3220	PO BOX 1284 Geelong Victoria, 3220	studentsupport@agb.edu.au	Within Australia: 1300 123 242 Outside of Australia: +61 3 5221 2611

OFFICE USE ONLY	Date:	
Processed by:		
Department:		