

Change of Personal Details Form

TICK THE RELEVANT BOX TO CONFIRM YOUR CHANGE REQUEST AND CHECK THE REQUIRED DOCUMENTATION

□ Update your legrequired)	jal name after an official	I change (Photo ID in former na	ame and proof of name change
☐ Address Chang	e (Valid address proof re	quired)	
☐ Update contact	details (No additional do	cumentation required)	
Student ID		Date of Birth	
Course Name			
FORMER/INCORRECT NAME DETAILS			
First Name			
Family Name			
CURRENT NAME DETAILS/ NEW NAME			
First Name			
Middle Name			
Family Name			
YOUR FORMER ADDRESS DETAILS			
Address	Number and Street Name:		
	Suburb:		
	State:		Postcode:
FORMER CONTAC	CT DETAILS		
Contact Details	Phone: ()		Mobile:
	Email:		
YOUR CURRENT ADDRESS DETAILS			
Date Effective			
Address	Number and Street Name:		
	Suburb:		
	State:		Postcode:
YOUR CURRENT CONTACT DETAILS			
Contact Details	Email:		Mobile:
☐ By submitting this form, I declare that I have provided the required documents and authorise Chelsea staff			
to update my details.			
Student Signature:		Da	te(dd/mm/yyyy):