



**STUDENT CHANGE OF DETAILS**

- I am a student of Skilled Up Pty Ltd RTO # 40471, CRICOS # 03666M and wish to advise a change of :
- Name (please provide proof of change of name)       Home Address (please provide proof of new address)
- Other: \_\_\_\_\_       Contact Details       Employer / Workplace

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

Student ID: \_\_\_\_\_

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 City Institute of Melbourne 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 together with a proof if Change of Name or Home Address to [support@skilledup.edu.au](mailto:support@skilledup.edu.au)  
If you have any questions, please feel free to contact us at 03 8608 9901.