Student Change of Details Form

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
If you have any questions, please feel free to contact us at 03 8608 9901.