



Change of Details Form

I am a student of QIBA and wish to advise a change of:

- Name (please provide proof of change of name)
- Home Address
- Contact Details (mobile or email)

Family Name: (current)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Given Name: (current)		Date of Birth:
Student ID No:	Group:	Mobile:
Email:		
VET Student	Course:	
ELICOS Student		
If Applicable		
Family Name: (updated) _____		
Given Name: (updated) _____		
New Contact Details:		
Address: _____		
Suburb: _____	Post Code: _____	State: _____
Home Phone: _____	Mobile: _____	
Email: _____		

Student Name: _____	Student Signature: _____	Date: _____
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OFFICE USE ONLY	
Details Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Name: _____	Date: _____
Staff Signature: _____	