

Learner Change of Details Form

Learner Current Details

Learner Name:																					
Date of birth:	____ / ____ / ____	USI:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Change Reason:	<input type="checkbox"/> 1. Name Change <input type="checkbox"/> 2. Address Change <input type="checkbox"/> 3. Contact Details Change <input type="checkbox"/> 4. Employer Change <input type="checkbox"/> 5. Emergency Contact Change Please complete relevant section below																				

1. Change of Name

Please enter your **NEW** name below.

NOTE: please **attach relevant certified documentation** to verify your change of name, such as marriage certificate, etc

Surname:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other ____			
Given Name:		Middle name/s:				
Single Name: (if applicable)		Gender:	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X			

2. Change of Address

Please enter your **NEW** address below.

Building/Property Name:							
Flat/Unit Number:	Street Number	Street Name:					
Suburb:				State:		Postcode:	
Postal Address (If different from above)							

3. Change of Contact Details

Please enter your **NEW** contact details below.

Home Phone:		Work Phone:	
Mobile Phone:			
Email Address:			

4. Change of Employer

Please enter your **NEW** employer details below.

Employer Name::			
Employer Address:		Postcode:	
Contact Person:		Contact Phone:	

5. Change of Emergency Contact

Please enter details of your **NEW** emergency contact below.

Name:		Contact Phone:	
Relationship to you:		Contact Mobile:	

Privacy Statement & Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by MAXIMA.

I understand that all information collected in this form is stored in accordance with MAXIMA's Privacy Policy, as found at www.maxima.com.au. My personal information will not be made available to a third party not specified above without my authority, unless it is legally required and verified.

Learner Name::			
Learner Signature:		Date:	

PARENTAL CONSENT (required for learners under the age of 18)

Parent/Guardian Name::			
Parent/Guardian Signature:		Date:	

Office Use Only		Date:	Initials
	Entered on VETtrak		
	Relevant Files/Folders updated		
	Scanned and uploaded		
	Personal Information Reports updated in Group Folder / Working File		

Please forward completed form to:

Email:	training@maxima.com.au
Post:	147 William Street, Beverley SA 5009
Enquiries:	1300 490 648
Website:	www.maxima.com.au