

Student Change of Details Form

Student Change of Details

Student Name *(as on current records)*:

Current Course:

USI:

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

Name *(please provide proof of change of name)*

Home Address

Contact Details

Other: _____

Employer / Workplace

Please provide new information below

Surname:

First Name:

Middle Name/s:

Home Address:

Ph:

Mobile:

Email:

Workplace/ Employer *(workplace-based courses)*:

Signed:

Date:

Organisation Change of Details

I am an organisation/ client/ employer of a student of AEATS 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

Mobile:

Email:

Signed:

Date:

Please return this completed form to AEATS via admin@aeats.com.au