



AMA SKILLS TRAINING

STUDENT CHANGE OF PERSONAL DETAILS - Year _____

***Please note: if you have changed your name a certified copy of original documents must be lodged with this form, see documentation list below.**

Please contact the Training Manager to submit this document.

STUDENT DETAILS		
Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> _____	Family Name:	Given Name/s:
Address:	PO Box or Street Address:	
	Suburb/Town:	State: Post Code:
Student ID Number:		Date of Birth: / / (dd/mm/yyyy)
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address:
Home Phone: <small>(inc area code)</small>		Mobile Number:
Work Phone: <small>(inc area code)</small>		Fax: <small>(inc area code)</small>

CHANGE OF NAME		
Please provide new details below:		
Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> _____	New Family Name:	New Given Name/s:
CHANGE OF ADDRESS		
Please provide new details below:		
Address:	PO Box or Street Address:	
	Suburb/Town:	State: Post Code:

SUPPORTING DOCUMENTATION	<i>Documentation must be original or copies certified by a Justice of the Peace – registration and contact number is required</i>
<input type="checkbox"/> Change of name certificate	<input type="checkbox"/> Divorce decree
<input type="checkbox"/> Current Certificate of marriage	<input type="checkbox"/> Drivers licence
<input type="checkbox"/> Current passport	<input type="checkbox"/> Birth certificate

DECLARATION

1. I declare that the information provided by me on this form is true and correct.
2. I further confirm and acknowledge that it is my responsibility under the terms and conditions of my enrolment to ensure that my personal details held by AMA Skills Training in the student records management system are accurate during my period of enrolment.
3. I do hereby certify that this application has been completed by me personally.
4. I also understand and agree and consent that my personal information may be made available to Commonwealth and State agencies or their successors in connection with AMA Skills Training registration and/or compliance audits as required by legislation.
5. I agree and consent that my personal information may be made available to any contractor(s) engaged by AMA Skills Training to provide advice or services in connection with AMA Skills Training registration and/or training & assessment services and/or compliance.
6. I understand and acknowledge and agree that AMA Skills Training will not provide or disclose to any outside parties personal information other than is approved in this application. However, if required by law then this information will be released.
7. I further consent to being contacted by AMA Skills Training and/or the relevant Commonwealth and State agency in connection with my enrolment and future studies.

The terms and conditions of this enrolment application do not remove the right of the student to undertake action under Australia's consumer protection laws.

Student Name: _____

Student Signature: _____

Date: ____ / ____ / _____

OFFICE USE ONLY	
Change Details received by:	
Date received:	
Application completed fully? [detail what is missing]	
Licence/Passport number:	
Student Number Checked and verified:	<input type="checkbox"/> Yes
Has student records been updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, state why)
Signature of Training Manager:	
	Date: / /