



ANDERSON College  
Address: Level 6, 190 Queen Street  
Melbourne, VIC 3000  
Contact: (+61) 411 333 327  
www.andersoncollege.vic.edu.au

## **Student Change of Contact Details Form**

|                       |                             |                              |                             |                               |                                |
|-----------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|--------------------------------|
| Title:                | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other |
| Student Full Name:    |                             |                              |                             |                               |                                |
| Student ID:           |                             |                              |                             |                               |                                |
| Date of Birth:        |                             |                              |                             |                               |                                |
| Address:              |                             |                              |                             |                               |                                |
| Contact Number:       |                             |                              |                             |                               |                                |
| Email:                |                             |                              |                             |                               |                                |
| Course Code and Name: |                             |                              |                             |                               |                                |
| Course start date:    |                             | Course finish date:          |                             |                               |                                |

### **New Contact Details (please only fill in the changed details):**

|                 |  |
|-----------------|--|
| Address:        |  |
| Email:          |  |
| Contact number: |  |

### **New Emergency Contact Details:**

|                          |  |
|--------------------------|--|
| Name:                    |  |
| Relationship to student: |  |
| Address:                 |  |
| Email:                   |  |
| Contact number:          |  |



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**For Office Use Only:**

|                    |                              |                             |  |
|--------------------|------------------------------|-----------------------------|--|
| Received by:       |                              | Date:                       |  |
| Update in SMS:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Updated in PRISMS: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

**It is mandatory to update any change of your contact details to the college within the 7 days of change**

**Confidentiality Clause:**

It ensures that personal details provided to the Registered Training Organization (RTO) will be kept confidential in accordance with the Commonwealth Privacy Act. It guarantees that unless specified otherwise, the information recorded on the form will not be disclosed to external bodies, aligning with the privacy policy of the Anderson College. This is designed to protect the privacy and confidentiality of individuals' information.

|                                               |                                        |                     |             |
|-----------------------------------------------|----------------------------------------|---------------------|-------------|
| Document Name:                                | Student Change of Contact Details Form | Created Date:       | Jan 24      |
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| ANDERSON College   CRICOS 04057F   RTO: 45913 |                                        | Page Sequence:      | Page 2 of 2 |