



Booroongen Djugun College

RTO ID: 6673

ABN 79 638 718 552 ACN: 162 957 315

Student Change of Details Form

Diploma of Nursing (HLT54115)

Current Details

Surname	First name
Student ID Number (USI Number)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth --/--/----
Please indicate what details you are changing (Please tick the box) <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Email Address <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Emergency contact detail	
Current Student Details	
Address	Suburb
Postcode	State
Email Address	
Phone Number	Mobile Number
Emergency Contact Name	Contact Number

NOTE: If you are requesting a change in your name, please provide your new details below and attach appropriate certified evidence.

New Details

Surname

First name

Student ID Number (USI Number) Check should match

Gender Male Female

Date of birth --/--/----

Address

Suburb

Postcode

State

Email Address

Phone Number

Mobile Number

Emergency Contact detail

Name

Contact Number

If you are mailing in or delivering your documentation to the College office, please attach certified photocopies (no originals please) of your documentation to this form

Or if emailing please scan and attach the documents

For scanned documents colour scans of original are preferred Black and white scans will need to be certified

Student Declaration

Declaration must be signed and dated

I declare that the information supplied on this form is true and correct

Student Name
Please Print

Student Signature:

Date

In person

Booroongen Djugun College
337-351 River St, Kempsey NSW 2440

By Mail

Booroongen Djugun College
Locked Mail Bag 3, Kempsey NSW 2440

Email info@booroongendjugun.com.au

Once this form has been completed please provide to your trainer, Reception staff or forward to Booroongen Djugun College

Office Use Only:

Date Received	
Processed by	
Student file updated	<input type="checkbox"/> No <input type="checkbox"/> Yes Date
Student Notified by	<input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Post
Documents Mailed	<input type="checkbox"/> Yes Date

Document pickup from Office

Signed and picked up by:

Date: