

# SMF22E Change of Personal Information Form



## Personal details

Title :	D.O.B :
Surname :	
Given Name/s :	
Contact No : ( )	Student Number :
Course :	

\* All variations to personal details will need to be confirmed with USI site (1300 857 536 / www.usi.gov.au) and supporting documents to be attached

Please complete the relevant section/s and sign the declaration

Lodge the signed form to:

Level 2, 80 Dorcas Street, Southbank, VIC 3006

phone: 1300 032 011 email: info@royalcollege.edu.au

## Change of name (Certified documentary evidence of change of name must accompany this form)

Previous Family Name:	Previous Given name/s:
New Family Name:	New Given name/s

## Change of emergency contact

Name :	Contact No : ( )
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## Change of mailing address (All standard correspondence is sent to your mailing address)

Address :		
City :	State :	Postcode :
Country :	Contact No : ( )	

## Change of other address / contact details

Address type :	<input type="checkbox"/> Home	<input type="checkbox"/> Workplace (Apprentice and TAFE Traineeship only)
	<input type="checkbox"/> Work	
Address :		
City :	State :	Postcode :
Country :	Contact No : ( )	

## Student declaration

I declare the information I have provided on this form is correct. I will notify Royal College of Healthcare immediately of any further change in my personal details.

I \_\_\_\_\_ certify the above change/s should take effect from \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_