



• Change of Details Form

PERSONAL DETAILS

Family Name: _____
 Given Names: _____
 Date of Birth: _____ Age: _____ Male Female
 Drivers Licence Number: _____ Other ID Type & Number: _____

PREVIOUS ADDRESS & CONTACT DETAILS

Home Phone: _____ Mobile/Cell: _____ Work Phone: _____
 Email: _____ Facsimile: _____
 Address: _____ Postcode: _____
 State/Prefecture/Region: _____ Country: _____

NEW ADDRESS & CONTACT DETAILS

These new address & contact details apply from (date): _____
 Home Phone: _____ Mobile: _____ Work Phone: _____
 Email: _____ Fax: _____
 Address: _____ Postcode: _____
 State: _____

COURSE YOU ARE STUDYING AT EXCELLENCE IN EDUCATION & TRAINING (if applicable)

Course Code: _____ Course Name: _____ N/A

YOUR ROLE AT E.E.T. (if staff, contractor or volunteer)

Role/Title: _____ N/A

YOUR SIGNATURE: _____ Date: _____

PARENT'S OR LEGAL GUARDIAN'S NAME AND SIGNATURE (if student is under 18 years of age)

Name: _____ Signature: _____ Date: _____

YOU CAN SEND THIS FORM TO US BY:

- **Delivering it in person to:** Level 7 East Wing, 50 Grenfell Street, Adelaide, South Australia.
- **Mail to:** Registrar, E.E.T., PO Box 3485, Rundle Mall, SA, 5000 or **Email to:** study@culturalimmersion.com.au
- **Fax to:** (08) 7225 0406

Administration Use Only

Receiving Officer: _____ Date Received: _____

Processed By: _____ Date: _____