

MELBOURNE COLLEGE OF HAIR & BEAUTY

Student Contact Details Form

DOMESTIC STUDENT INTERNATIONAL STUDENT

All fields must be completed

Use Black or Blue pen only (no pencil)

Use CAPITAL letters and print clearly

Sign and date this form before submitting

Applicant Details

Student ID:

Date of Birth:

USI No:

Family Name (as per enrolment registration):

Given Name (as per enrolment registration):

Phone:

mobile phone:

student email:

Has the course already been commenced?

YES

NO

Course enrolment Details

Course code:

Course title:

Course start date:

Course finish date:

Current Home/Residential Address:

Building/Property Name:

Flat/Unit No.

Street/Lot No.

Street Name:

Suburb/Town:

State/Territory:

Postcode:

Home phone:

Work phone:

Mobile:

Email:

Current Postal Address: (if same as current home address write as above)

Building/Property Name: Flat/Unit No. Street/Lot No.
Street Name: Suburb/Town: State/Territory:
Postcode: Home phone: Work phone: Mobile:
Email:

Emergency Contact:

Name of emergency contact: Relationship:
Home phone: Work phone: Mobile:
Email:

Privacy Declaration:

Information is collected on this form and during your enrolment in order to meet our obligations under the NVR Act (2011), the ESOS Act, the National Code of Practice for Providers of Education and Training to Overseas Students 2018; The Standards for Registered Training Organisations (RTOs) 2015 and the National Center Vocational Education Research, Commonwealth Department of Education Skills and Employment and the Department of Home Affairs to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the National VET Regulators Act 2011 and the Education Services for Overseas Students Act 2000, Student Identifiers Act 2014 and Privacy Act 1988. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and other designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information collected on this form during your enrolment can be disclosed without your consent where authorized by Commonwealth and State and Territory Governments or required by law.

Student declaration:

- I understand and agree that the information provided in this form can be used in accordance with the Privacy Declaration.
- I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the form.

Student signature: Date of application:

Office use: *N.B request MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for fee re-calculation.*

Approved: YES NO

Director of Studies/delegate signature:

Date:

Printed Name:

Date request received:

Received by: **(MCOHB staff name)**

UTAIT staff member position:

Finance check and approval:

YES NO

Date:

Finance staff member name:

Finance staff member position:

SMS updated

YES

NO

Date updated:

Admin officer Name:

PRISMS updated

YES

NO

Date updated:

Admin officer Name:

Students' education agent notified:

YES

NO

If Yes: Date notified:

Method education agent notified:

Letter

email