



## Student Contact Details Change Form

*St Albans Institute Pty Ltd t/a Hawk Institute*

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID: HAWK \_\_\_\_\_

Course Name: \_\_\_\_\_

### **New Contact Details**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Details: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

### **Privacy Statement**

Information is collected on this form and during your enrolment in order to meet the obligations of Institute under the ESOS Act and the National Code 2018; and 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 Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2019 and the National Code of Practice for Providers of Education and training to Overseas Students 2018. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Protection Scheme and the TPS Director. In other instances, information collected on this form or during your enrolment can be disclosed without your consent where authorized or required by the law.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_