

Suite 35, 160 South Gippsland Hwy, Dandenong South VIC 3175 Phone: 1300 11 2282

Email: enquiries@CTA.vic.edu.au

RTO No: 22597

CHANGE OF STUDENT DETAILS FORM

The following form is to be completed by students wishing to change their student information details with CTA. It is the responsibility of the student to ensure that all information supplied is correct and up to date.

| STUDENT DETAILS | | | |
|--|--------------------|--|--|
| Student ID: | | | |
| Student Name: | | | |
| Old Address: | New Address: | | |
| Old Phone Number: | New Phone Number: | | |
| Old Mobile Number: | New Mobile Number: | | |
| E-mail: (Please print clearly) | | | |
| | | | |
| EMERGENCY CONTACT DETAILS | | | |
| First Name: | | | |
| Surname: | | | |
| Phone No.: | | | |
| Mobile No: | | | |
| | | | |
| STUDENT DECLARATION | | | |
| I hereby declare that all the information provided in this form is true and correct. | | | |
| STUDENT'S SIGNATUR | E DATE | | |
| IMPORTANT NOTICE!! | | | |
| This form MUST be submitted to the reception in order to avoid loss or delay in processing of this Application. | | | |
| Ensure that all the supporting documents (if applicable) are attached with this application. | | | |
| Ensure that this application form and supporting documents that you are submitting are checked by | | | |

the staff receiving your application.



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| STEP 1: RECEIVING APPLICATION | | | |
|--|---|--|--|
| | □All Required Sections Completed | | |
| | □Student Details Provided | | |
| | □Student Signature | | |
| This section is to be completed by | Staff Name | | |
| the staff who is receiving the application from the student. | Staff Signature | | |
| | Date | | |
| | Please forward this to the Administration Coordinator for assessment. | | |
| STEP 2: UPDATE VETTRAK | | | |
| | ☐ Student Details Updated in VETTRAK | | |
| This section is to be completed by the Administration Coordinator | Staff Name | | |
| and/or delegate who is updating the information in VETTRAK. | Staff Signature | | |
| the information in Verricas. | Date | | |
| | Please forward this to the Admin Officer for filing. | | |
| STEP 3: FILING | | | |
| This costion is to be consulated by | □Step 1 and Step 2 have been completed | | |
| This section is to be completed by the Admin Officer who is filing this | Staff Name | | |
| application and all supporting documents in the student's admin | Staff Signature | | |
| file. | Date | | |
| | Please file in the student admin file. | | |