

Student Details Update Form

Queensford College requires you to keep us informed of any changes in your details so that they are correct and up to date in our systems. We require you to notify any changes made within 7 days that involve: contact details, residential address, passport information, and emergency contact details.

Please fill out relevant section and return back to campus administration.



STUDENT CONTACT DETAILS UPDATE

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|--------------------|---|
| Student Id Number: | Unique Student Identifier Number (USI): |
| First Name: | Last Name: |
| Home Number: | Mobile Number: |
| Email Address: | |

STUDENT RESIDENTIAL ADDRESS UPDATE

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|--|---------------|
| Residential Address in Australia: | |
| Suburb: | Post code: |
| Residential Address Overseas/Home Country: | |
| Country: | Phone Number: |

STUDENT PASSPORT INFORMATION UPDATE

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|--|----------------------|
| Name as it appears in passport: | |
| Passport Number: | Country of Passport: |
| Issued Date: | Expiry Date: |
| Issuing authority/Place of issue as shown in passport: | |

EMERGENCY CONTACT DETAILS UPDATE (IN AUSTRALIA)

Please complete below the details for a nominated emergency contact that resides in Australia. If you cannot nominate someone residing in Australia, please see Campus Reception.

| | | | | | |
|------------------------------------|---------------|------------|--------|-------|--------|
| Full Name: | Phone Number: | | | | |
| Address: | Suburb: | Post code: | | | |
| Relationship: <i>(Please tick)</i> | Family Member | Relative | Friend | Agent | Other: |

NEXT OF KIN DETAILS UPDATE (OUTSIDE OF AUSTRALIA)

Please complete below the details for a nominated next of kin that resides outside of Australia, preferably in home country. If you cannot nominate someone, please see Campus Reception. The person will be informed if you have been in an accident or admitted to hospital. The person also will be able to discuss your condition at the hospital.

| | | | | | |
|------------------------------------|---------------|------------|--------|-------|--------|
| Full Name: | Phone Number: | | | | |
| Address: | Suburb: | Post code: | | | |
| Relationship: <i>(Please tick)</i> | Family Member | Relative | Friend | Agent | Other: |

I declare that the above information provided on this form is true and correct.

Student Signature: Date: (dd/mm/yy) ____ / ____ / ____

Note: The information that you provide may be made available to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and the National Code.

OFFICE USE ONLY

| | |
|--|--|
| Date Processed: ____ / ____ / ____ | Name & Signature of Queensford Representative: |
| Student Database Update Date: ____ / ____ / ____ | Name & Signature of Queensford Representative: |
| DHA Advised Date: ____ / ____ / ____ | Name & Signature of Queensford Representative: |

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