

CHANGE OF DETAILS FORM

Information is within the guidelines of the Privacy Principles contained in the Privacy Act 1988 and will be used solely for SGAE training activities.

1. PARTICIPANT	
Name	
Address	
Town/Suburb	Postcode:
Phone Number	Email:
Mobile Phone No	Date of Birth:
2. PARENT/GUARDIAN (If Participant is under 18 years of age)	
Name	
Address	
Suburb	Postcode:
Phone Number	Email:
Mobile Phone No.	Fax No:
3. EMERGENCY CONTACT	
Name	
Phone Number	Mobile Phone No:
4. QUALIFICATION/COURSE DETAILS	
Course Title	
Course Code	
Commencement Date	Termination/Completion Date:
Payment Method	Cash <input type="checkbox"/> Credit Card <input type="checkbox"/>
5. Authorisations	
Completion of this section is mandatory	
I _____ authorise SGAE to collect, store and use my personal information within the limitations of the Privacy Principles contained in the Privacy Act 1988.	
Participant/Guardian	Date / /
Signature	
Office Use Only	
Participant Ref Number	: _____
Commencement Date	: ____ / ____ / ____
Termination/Completion Date:	____ / ____ / ____
Competency Completion Details Entered By:	____ Date : ____ / ____ / ____