

NEW STUDENT REGISTRATION FORM

It is the student's responsibility to advise the Training Masters (TM) of any change in contact details. It is also important to provide accurate addresses and phone number(s).

PART A: STUDENT INFORMATION

Family name:		Given name:	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>		Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Date of birth:
Country of origin:		City:	
Australian Residential address:			
Suburb:		Postcode:	
Telephone (including area code):		Mobile:	
Email:			
Unique student identifier (USI)			
Course Enrolled:			
Start Date:		End Date:	

By providing my e-mail address contact details I give my consent to communicate with me electronically.

PART B: EMERGENCY CONTACT DETAILS

Full Name	
Australian Residential address:	
Suburb:	Postcode:
Telephone (including area code):	Mobile:
Email:	

STUDENT DECLARATION

Declaration: I declare all information I have given in this form is true and correct.

Student Name:	Student Signature:	Date:
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