

CHANGE OF ENROLMENT ADVICE

■ Previous Details

First Name:

Surname:

Address:

Phone (home):

Phone (work):

Mobile:

Course Name:

Course Code:

■ New Details

First Name:

Surname:

Address:

Phone (home):

Phone (work):

Mobile:

Course Name:

Course Code:

Participant's Signature:

Date:

Office Use Only

Administrative Staff to enter new data in electronic records and record in table below:

Staff Member Name:

Date Data Updated: ___ / ___ / ___

Staff Signature:

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