

**How to use this form**
**Please complete:**
**SECTIONS 1 and 2:** for any changes to phone number/s or email address.

**SECTIONS 1 and 3:** for any address change/s.

**SECTIONS 1 and 4:** for change of name. **NOTE:** An application for a name change **must** have documentary evidence to support the change requested. Acceptable evidence includes original **or Certified copies** of a marriage certificate or Driver Licence.

**SECTIONS 1 and 5:** for any changes to your emergency contact details.

**SECTIONS 1 and 6:** for any changes to your employer and Delta details.

**SECTION 1: PERSONAL DETAILS**

|                                                                                            |                                                                               |                                                               |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------|
| Are you an International Student? Yes <input type="checkbox"/> No <input type="checkbox"/> | Melbourne Polytechnic<br>STUDENT NUMBER                                       | <input type="text"/>                                          |
| Legal Family Name                                                                          | Date of Birth                                                                 | Gender (tick one box)                                         |
| <input type="text"/>                                                                       | Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> | Female <input type="checkbox"/> Male <input type="checkbox"/> |
| Legal Given Names                                                                          | Course Code                                                                   | <input type="text"/>                                          |
| <input type="text"/>                                                                       | <input type="text"/>                                                          |                                                               |
| Name of course                                                                             |                                                                               |                                                               |
| <input type="text"/>                                                                       |                                                                               |                                                               |
| Campus                                                                                     |                                                                               |                                                               |
| <input type="text"/>                                                                       |                                                                               |                                                               |

**SECTION 2: NEW PHONE NUMBER/S OR EMAIL ADDRESS**

|            |                      |      |                      |        |                      |
|------------|----------------------|------|----------------------|--------|----------------------|
| Phone Home | <input type="text"/> | Work | <input type="text"/> | Mobile | <input type="text"/> |
| Email      | <input type="text"/> |      |                      |        |                      |

**SECTION 3: NEW ADDRESS/ES**

Please indicate below (✓) which address you would like changed and enter new address.

**Address 1.** (Where you will be living whilst studying at Melbourne Polytechnic.)

|                          |                                              |        |          |                      |
|--------------------------|----------------------------------------------|--------|----------|----------------------|
| <input type="checkbox"/> | Number and Street (must not be a postal box) | Suburb | Postcode | <input type="text"/> |
|--------------------------|----------------------------------------------|--------|----------|----------------------|

**Address 2.** Postal

|                          |                      |        |          |                      |
|--------------------------|----------------------|--------|----------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | Suburb | Postcode | <input type="text"/> |
|--------------------------|----------------------|--------|----------|----------------------|

**Address 3.** (Permanent address if different from Address 1. (Include rural Australia or overseas.))

|                          |                                               |             |                    |                      |
|--------------------------|-----------------------------------------------|-------------|--------------------|----------------------|
| <input type="checkbox"/> | Number/Street/Road (must not be a postal box) | Suburb/Town | State/Country/Code | <input type="text"/> |
|--------------------------|-----------------------------------------------|-------------|--------------------|----------------------|

**SECTION 4: NEW NAME**

An application for a name change **must** have documentary evidence to support the change requested. Acceptable evidence includes original **or Certified copies** of a marriage certificate or Driver Licence.

|                   |                      |
|-------------------|----------------------|
| Legal Family Name | <input type="text"/> |
| Legal Given Names | <input type="text"/> |

**SECTION 5: NEW EMERGENCY CONTACT DETAILS**

|                                |                      |                         |                      |
|--------------------------------|----------------------|-------------------------|----------------------|
| Emergency Contact Name         | <input type="text"/> | Emergency Contact Phone | <input type="text"/> |
| Emergency Contact Relationship | <input type="text"/> |                         |                      |

**SECTION 6: NEW EMPLOYER/DELTA DETAILS**

|                             |                                                          |                                  |                      |                      |                      |
|-----------------------------|----------------------------------------------------------|----------------------------------|----------------------|----------------------|----------------------|
| DELTA Student Number        | <input type="text"/>                                     | Rego Training & Contract Number  | <input type="text"/> | Company Mobile:      | <input type="text"/> |
| EMPLOYER/COMPANY NAME       | <input type="text"/>                                     |                                  |                      | Company Phone:       | <input type="text"/> |
| COMPANY ADDRESS             | Number and Street                                        | Suburb                           | Postcode             | <input type="text"/> |                      |
| Have you ceased employment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Student/Staff Name: Please print | <input type="text"/> |                      |                      |
|                             |                                                          | Student/Staff Signature          | <input type="text"/> |                      |                      |

|                            |                      |
|----------------------------|----------------------|
| Student Name: Please print | <input type="text"/> |
| Student Signature          | <input type="text"/> |
| Date                       | <input type="text"/> |

**INFORMATION SERVICES USE for change of name ONLY**

|                          |                                               |                                         |                                |                      |
|--------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------|----------------------|
| EVIDENCE SIGHTED:        | Marriage Certificate <input type="checkbox"/> | Driver Licence <input type="checkbox"/> | Other <input type="checkbox"/> | <input type="text"/> |
| Staff Name: Please print | <input type="text"/>                          |                                         |                                |                      |
| Staff Signature          | <input type="text"/>                          |                                         |                                |                      |