

# Student Change of Details Form

## Student Change of Details

- I am a student of Sydney College of Natural Therapy and wish to advise a change of :
- Name (please provide proof of change of name)   
  Home Address   
  Contact Details  
 Other: \_\_\_\_\_  
 Employer / Workplace

Student Name (as on current records): \_\_\_\_\_ Date of Birth:    /    /  
 Current Course: \_\_\_\_\_

## Please provide new information below

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name/s: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Workplace/ Employer (workplace based courses): \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Organisation Change of Details

- I am an organisation/ client/ employer of a student of Sydney College of Natural Therapy and wish to advise a change of :
- Company or Business Name   
  Business or Postal Address   
  Contact Details  
 Other: \_\_\_\_\_  
 Contact Person

## Please provide new information below

Business Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_  
 Business and/or Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to:  
 Sydney College of Natural Therapy, Suite 2B, Level 2, 2 Oxford Road, Ingleburn, NSW 2565**