

STUDENT CONTACT DETAILS

INTERNATIONAL STUDENT DOMESTIC STUDENT

Please Note:

- ◆ All fields must be completed
- ◆ Use Black or Blue pen only (no pencil)
- ◆ Use CAPITAL letters and print clearly
- ◆ Sign and date this form before submitting

STUDENT DETAILS

Student ID Number: **Course Name:**

Family Name:

Given Name:

Date of Birth: - -

Phone: **Mobile:**

Baxter's Student Email: @student.baxter.vic.edu.au
(Please enter your Baxter's student ID number, eg. 12345@student.baxter.vic.edu.au)

Personal Email:

CURRENT RESIDENTIAL ADDRESS

Building/Property name: **Flat/Unit num-** **Street or Lot num-**

Street name: **Suburb, locality or town:**

Postcode: **Home** **Work phone:**

Email **Email (Alternative) (Optional):**

CURRENT POSTAL ADDRESS (if the same as residence, write "as above")

Building/Property name: **Flat/Unit num-** **Street number:**

Street name: **Suburb, locality or**

PO **State/Territory:** **Postcode:** **Email:**

EMERGENCY CONTACT DETAILS

Contact Name: **Telephone:**

Relationship: **Email** **Mobile:**

PRIVACY STATEMENT

Information is collected on this form and during your enrolment in order to meet our obligations under the Victorian VET Student Statistical Collection Guidelines, ESOS Act and the National Code of Practice for Providers of Education and Training to Overseas Students 2018; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code 2018. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information collected on this form during your enrolment can be disclosed without your consent where authorized or required by law.

Student Signature:

Date:

FOR OFFICE USE ONLY

Date of Submission:

Administrator Signature:

Updated SMS:

Updated PRISMS:

Updated By:

Updated By:

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