

## 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:	<input type="text"/>	Course Name:	<input type="text"/>
Family Name:	<input type="text"/>		
Given Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>		
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Baxter Student Email:	<input type="text"/> @student.baxter.vic.edu.au		
	<small>(Please enter your Baxter's student ID number, eg. 12345@student.baxter.vic.edu.au)</small>		
Personal Email:	<input type="text"/>		

## CURRENT RESIDENTIAL ADDRESS

Building/Property name:	<input type="text"/>	Flat/Unit number:	<input type="text"/>	Street or Lot number:	<input type="text"/>
Street name:	<input type="text"/>	Suburb, locality or town:	<input type="text"/>	State/territory:	<input type="text"/>
Postcode:	<input type="text"/>	Home phone:	<input type="text"/>	Work phone:	<input type="text"/>
		Mobile:	<input type="text"/>		
Email:	<input type="text"/>	Email (Alternative) (Optional):	<input type="text"/>		

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

Building/Property name:	<input type="text"/>	Flat/Unit number:	<input type="text"/>	Street number:	<input type="text"/>
Street name:	<input type="text"/>	Suburb, locality or town:	<input type="text"/>		
PO box:	<input type="text"/>	State/Territory:	<input type="text"/>	Postcode:	<input type="text"/>
		Email:	<input type="text"/>		

## EMERGENCY CONTACT DETAILS

Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Relationship:	<input type="text"/>	Email:	<input type="text"/>
		Mobile:	<input type="text"/>

## 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: 

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute  
 Ph: (03) 9650 0367 Fax: (03) 9654 1049  
 470 Bourke Street Melbourne Victoria 3000 Australia  
 ABN 51 006 374 241 CRICOS Provider No: 02233M RTO: 7030  
 Email: info@baxter.vic.edu.au Website: www.baxter.vic.edu.au