



Student Change of Details Form

Student Change of Details

☐ I am a student of Edunex Training 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 Edunex Training 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 Elan College , elancollegeaustralia@gmail.com

Suit 2 Level 6 190 Queen Street Vic 30000