

# Domestic Student Change of Details Form



## Student Change of Details

I am a student of BCCI and wish to advise a change of:

- Name (please provide proof of change of name)     Home Address     Contact Details  
 Course     Employer / Workplace Placement

Student Name (as on current on record) \_\_\_\_\_ 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): \_\_\_\_\_

## Please provide course information below

New Course: \_\_\_\_\_

Reason for changing course: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to BCC Institute, Level 1, 457 Chapel Road Bankstown NSW 2200 or email to [info@bccci.edu.au](mailto:info@bccci.edu.au)