Change of Details Form



GTNT Training policy requires amendments to your name, title, date of birth must be done in person by submitting this form and supporting documents at the GTNT Training Administration staff.

GTNT Training collects your personal information in accordance with the GTNT Training Privacy Policy available on the GTNT Training website.

Change of name, title, date of birth – you must supply original or certified copies of documentary evidence when submitting this form (passport, birth certificate, marriage certificate, deed poll)

It is **your responsibility** as a student to ensure that your personal details are accurate. Please write in BLOCK LETTERS using a black or blue pen.

our Current Detail	S						
Title:	Family Name:						
Given Name(S):						
Date Of Birth:	(DD/MM/YYYY) / /	Gender: □M	□F				
Change Of N	ame, Title, Date Of Birth ? 🗆 Yes 🗖 I	No					
Title:	Family Name:						
Given Name():						
Date Of Birth:	DD/MM/YYYY) / /	Gender: □M	□F				
Change Of A	ddress? 🗆 Yes 🗀 No						
Street Number	r And Name:						
		Suburb:			State:		
		Postcode:					
Country:							
Change Of Ph	Change Of Phone Number Or Emergency Contact? ☐Yes						
Home Phone:		Mobile Phone:					
Emergency Cor	Emergency Contact Name:		Emergency Cont	tact Phone:			
I declare th	e details provided to be true and o	correct and I have read the privacy	information belo	ow.			
Student Signa	ture:				Date:	/	/20
Processed By:				Date:			