



Personal Details Variation Form

HOW TO USE THIS FORM

This form should be used when applying to correct or change your personal details. All students are required to complete Sections 1, 2 and 8. Depending on your change, please complete additional relevant section/s.

DOCUMENTARY EVIDENCE

YOU MUST ATTACH DOCUMENTARY EVIDENCE SUPPORTING YOUR REQUEST IF YOU CHANGE YOUR NAME OR TO INDICATE ANY SPECIAL NEEDS YOU MAY HAVE

- Request for changes cannot be processed until certified evidence is provided. You should not send original documents. These should be kept for your own records.
- A name change must reflect the name exactly as it appears on the documentation.
- Documentary evidence must be in the form of a certified copy (see www.heti.edu.au/forms for list of persons who can certify documents).
- If you are applying for a correction or minor name change (eg addition of a middle name, a spelling correction), please submit the following document that must reflect your full legal name:
 - Birth Certificate OR Passport OR Australian Photo ID Card OR Australian Drivers Licence
- If you require a name change after marriage or divorce please submit the following documentation:
 - Marriage/Divorce Certificate AND primary photographic ID that reflects your new name
- If you are applying for a full name change after legally changing your name, please submit the following documentation:
 - Change of Name Certificate AND primary form of photographic ID that reflects your new name
- If you are applying to indicate special needs please include a certified copy of a medical statement from a registered doctor.

If you have any questions, please contact your Education Support Officer for assistance.

SECTION 1: STUDENT DETAILS (as currently recorded)

Title	Surname		
Given Names		Student ID	
Course	<input type="checkbox"/> Applied Mental Health Studies	<input type="checkbox"/> Psychiatric Medicine	

SECTION 2 : REASON FOR REQUESTING VARIATION

<input type="checkbox"/> Incorrect spelling on HETI documents	<input type="checkbox"/> Change of emergency contact
<input type="checkbox"/> Change of name	<input type="checkbox"/> Change of special needs
<input type="checkbox"/> Change of address and/or contact details	<input type="checkbox"/> Change of Aboriginal and Torres Strait Islander status
<input type="checkbox"/> Change of employer and/or work contact details	

SECTION 3: CHANGE OF NAME

Reason: Incorrect or Incomplete Marriage or Divorce Other legal change of name

Details of previous name

Family Name		First Name		Middle Name	
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Details of New Name

Family Name		First Name		Middle Name	
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SECTION 4: CHANGE OF CONTACT DETAILS

HOME ADDRESS AND/OR CONTACT DETAILS

Street Address

Suburb	State	Postcode
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Country	Home Phone
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Mobile Phone	Email
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EMPLOYER AND/OR WORK CONTACT DETAILS

Employer / Organisation

Street Address or PO Box

Suburb	State	Postcode
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Country	Work Phone
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Mobile Phone	Work Email
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Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Work	Email <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work
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SECTION 5: CHANGE OF EMERGENCY CONTACT DETAILS

Name	Phone
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SECTION 6: CHANGE OF SPECIAL NEEDS INDICATOR

Please remove my name from the list of students with special needs

Please add my name to the list of students with special needs (please attach a brief description and documentary evidence).
This information is kept confidential.

SECTION 7: CHANGE OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER STATUS

Please change my indigenous status to

None Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

SECTION 8: DECLARATION

I have read and understood the guidelines and advice (overleaf) on this application form. I certify that all information, including supporting documentation and certificates are correct.

Signature	Date
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OFFICE USE ONLY

Date Received	Documentary evidence type
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Processed by ESO - sign and date	Date Student Notified by Email
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