

## STUDENT PERSONAL DETAILS FORM

<b>STUDENT ID</b>		<b>USI</b>	
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Please note Visa condition 8533 requires international students to provide current contact information  
Section 21 of the ESOS Act requires international students to update contact information every 6 months

Name (as it appears on your passport)					
FIRST NAME		LAST NAME			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth		
Number & Street:					
City/ Suburb		Postcode	State		
Mobile		Home			
EMAIL					

### Emergency Contact Details LOCAL

Name					
Mobile		Home			
Work (if applicable)					
Relationship to student					
Home Address					
Number & Street:					
City/ Suburb		State	Postcode		

### Emergency Contact Details OVERSEAS

Name					
Mobile		Home	Work		
Relationship to student					
Home Address					
Number & Street:					
City/ Suburb		State			
Postcode		Country			

### Medical Condition

If you have any medical conditions that may affect your ability to study a full time course please list below. If you require please attach additional documents

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Student Sign		Date	
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OFFICE USE ONLY	RECEIVED BY		SIGNED		DATE	
	ENTERED		SIGNED		DATE	