



SC6.6 Change of Details Form

Student Change of Details

- I am a student of Australian Virtus Institute 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: 0415730093

Email: _____

Workplace/ Employer (workplace-based courses): _____

Signed: _____ Date: _____

Organisation Change of Details

- I am an organisation/client/employer of a student of Australian Virtus Institute 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 Australian Virtus Institute, admissions@avi.edu.au or Level 9, 50 Grenfell St. Adelaide SA 5000

SC6.6 - Change of Details Form V1.0



AUSTRALIAN
VIRTUS
INSTITUTE
TOWARDS EXCELLENCE

SC6.6 Change of Details Form

SC6.6 - Change of Details Form V1.0

Australian Virtus Institute

RTO Code: 54858 CRICOS Code: 04023E

W: www.avi.edu.au E: admissions@avi.edu.au

P: (08) 709 2414 A: Level 9 West 50 Grenfell St., Adelaide SA 5000

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