

RTO No: 21870 CRICOS Provider Code: 02992E ABN: 39 122 778 563

Level 3 118 Queen Street Melbourne VIC 3000

Telephone (03) 8395 0151 E-mail info@RhodesCollege.vic.edu.au

Student Contact Details Form

Instructions: Please fill up all the details in CAPITAL letters only. Students must provide correct and accurate personal contact details to Rhodes College and advise the College within 7 days if there is any change. This information is used to communicate essential information to students and failure to comply may compromise a student's enrolment at the College. (Fields marked in * need not to be filled by local students who are either citizens / permanent residents of Australia).

Personal details collected by the College will be handled in accordance with the College's Privacy Policy which is available on the College website: www.rhodescollege.vic.edu.au.

PERSONAL DETAILS	
Student ID*:	
Title*:	(Mr/Mrs/Miss/Ms/Dr etc)
Family Name*:	
Given Names*:	
Student Status*:	International Domestic
Student Enrolment:	Off shore On shore
Gender*:	Female Male
Date of Birth*:	d d I m m I y y y y
Country of Birth*:	
Nationality*:	
Mother Tongue*:	
Passport number:	
Place of Issue:	
Date of Issue:	d d / m m / y y y y
Date of Expiry:	d d / m m / y y y
Visa Type:	
Visa Expiry Date:	d d / m m / y y y y
Address (Australia)*:	P Code

Student Contact Details Form	Version: 16.0	Issue Date: 10 July 2024	Review Date: 01 July 2025
Managed By: VET Coordinator		Authorized By: CEO	Page 1 of 2



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Email(s)*:																			
Phone (Land Line)*:			I	1	1	I	1			I			<u>I</u>	<u> </u>	!		<u>I</u>		
Phone (Land Line)*:																			
Mobile Phone*:																			
In case of emergency (ICE),	pers	son	to b	e co	onta	cted	l in A	Aust	trali	a :			l		1				
Name:																			
Name.																			
Phone:																			
riione.			l	1	l	I							ı		1		1		
Next of kin (Name)*																			
Relationship (Father/Mother/Spouse etc)																			
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Next of Kin contact details* (Country																			
code/Area code/																			
Telephone no)		Δ	וחם	TIO	ΝΔΙ	INI	FOR	MΔ	τιοι	N									
Fatharia Nama																			
Father's Name:																			
Mother's Name:																			
						<u> </u>													
Permanent Overseas																			
Home Address (including Town, State, Country):																			
Town, State, South, y).																			
Post Code:																			
Phone Number (Country					1	1		1		1							1		
code/Area code/																			
Telephone no):																			
Email:																			
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INFORMATION ACKNOWLEDGEMENT (Please tick box that you understand)																			
☐ I acknowledge that the info	•						-					ect.							
☐ I understand that it is my responsibility to notify Rhodes College within 7 days if there are changes to																			
any of my contact details (like address, phone, mobile and email) occur, as per my Student Visa conditions.																			
Student Signature:		Date:																	
				OFF	ICE	US	E OI												
Date received:	Date received: Date processed:																		
Data entered on PRISMS? ☐ Yes ☐ No					Data entered on CLARITY? ☐ Yes ☐ No														
Staff Signature:			Da	te:															