



Student Contact Details Form

1. Personal Details

Student ID No.: _____ USI No. (**IMPORTANT**): _____;

Male Female Date of Birth: __/__/____ (Format: DD/MM/YYYY)

Family Name: _____ Given Name(s) _____;

Home Phone Number: _____;

Mobile Phone Number: _____;

Email (please write in CAPITAL letters in following box):

2. Address

Postal Address: _____ Town/Suburb: _____;

State/Country: _____ Postcode: _____;

If your residential address is different to your postal address, please enter your residential address below:

As Above

Residential Address: _____ Town/Suburb: _____;

State/Country: _____ Postcode: _____;

3. Emergency Contact in Australia (Must be filled)

Relationship:

Name:

Contact Number:

Address:

Email (please write in CAPITAL letters in following box):

4. Emergency Contact in Home Country (Must be filled if you are an International student)

Relationship:

Name:

Contact Number:

Address:

Email (please write in CAPITAL letters in following box):

5. Consent to Use Photographs and Video Footage

I, _____, (print name) give consent to Protea College to use photographs and/or video footage of me for the purposes of marketing and promoting the institute onshore and offshore. I may be identified by my first name only. The photographs and/or video footage may be published on the Institute's website, brochure and any other promotional materials.

I authorise Protea College to send me information about the institute, course, my attendance, my course progress and my academic results to my personal email address.

I give permissions for the Institute to call for urgent medical treatment for me in an emergency.

My contact details are correct and I am aware that I must tell the institute of any change in address, email address or phone number.

Student Signature: _____ Student Number: _____

Date : __ / __ / ____ (Format: DD/MM/YYYY)