Information contained in this document is utilised in accordance with Austin Institute of Trades (AIT) Privacy Policy. Please complete the following form in full and return. If you have any questions, please contact the Administration Staff at AIT.

Student Details

Title:	☐ Mr.	☐ Mrs.	☐ Ms.	☐ Miss	☐ Other:

Surname / Last Name:	
Given Name(s):	

Gender:	☐ Male ☐ Female ☐ Other	**Date of Birth:**	
Student ID:		**USI:**	
Qualification(s) enrolled in:		**Year of commencement:**	

Personal Contacts Details

Residential Address:			
Suburb:		**Post Code:**	
Mailing Address:			
Suburb:		**Post Code:**	
Email:			
Phone:		**Mobile:**	

Emergency Contact Details

Name:		**Relationship:**	
Phone:		**Mobile:**	
Email:			
Address:			
Suburb:		**Post Code:**	

Position / Job Role

Position Title (if any):	
Organisation:	

Declaration			
I declare that the information provided is true and correct. I am also aware that should any of my contact details change, I am to advise AIT Administration within seven (7) days.			
Student Signature:		**Date:**	

Office Use Only					
Student details in Student Management System (SMS) is correct?					
☐ Yes ☐ No	**Comments, if any:**				
AIT Official Name:		**Signature:**		**Date:**	