## The Health Arts College Pty Ltd



I am a student of THA and wish to advise a change of:

Name (Please provide proof of change of name)

1/94 Foster Street, Dandenong, Melbourne, VIC 3175 1300 658 326

E: study@thacollege.edu.au W: www.thacollege.edu.au

## **Change of Details**

□ Home Addres □ Contact Detai							
Family Name:(Current)					Gender:	Male □	Female
Given Name:(Current)					Date of B	irth:	
Student ID No:	 	Gre	oup:		Mobile:		
Email:							
Course:							
			(If Applicable)				
Family Name:(Updated)	 						
Given Name:(Updated)							
New Contact Details:							
Address Line 1:	 						
Suburb:	 	Post Code	:	State:			
Home Ph:	 	Mobile:		Email:			
Student Name:			Student Signature			Date:	
			OFFICE USE ONLY				
Details Updated:	Yes	□ No	OFFICE GOL GILL.				
Staff Name:							
			_				