

INSTRUCTIONS: Use this form to notify MTC Australia about a change in your personal details, such as name, address or a change of jobactive or Disability Employment Services (DES) Provider details. Fill out this form using BLOCK LETTERS and attach any supporting evidence.

Privacy Statement

MTC Australia collects, holds, uses and discloses personal information (including sensitive information) in accordance with the Privacy Act 1988, the Australian Privacy Principles and requirements laid down in MTC's contracts as a service provider to the Commonwealth Government. You have the right to: access and update or correct the personal information that MTC Australia holds about you, and enquire or complain about the way personal information is being handled. For more details, refer to the MTC Privacy Policy.

CURRENT DETAILS			
Student/ Client Full Name:			
JSID(If applicable):			
Course Name: <i>Please tick one</i> <input type="checkbox"/> SEE Program <input type="checkbox"/> VET Program <input type="checkbox"/> Other: _____			
CHANGE OF DETAILS			
<input type="checkbox"/> Change of jobactive or Disability Employment Services (DES) Provider			
<i>Please provide the new details below or scan & email the Consultant's business card or appointment letter along with Client name to your site representative.</i>			
New Consultant Name			
JSA or DES Provider's Suburb			
Consultant phone number			
Consultant email			
<input type="checkbox"/> Change of Address <i>Please tick one</i> <input type="checkbox"/> Postal Address <input type="checkbox"/> Residential Address			
<i>Please provide the new details below</i>			
Number			
Street Name			
Suburb			
State		Postcode	
<input type="checkbox"/> Change of Name			
<i>Please provide the new details below</i>			
First Name		Middle Name	
Surname			
IMPORTANT: For a change of name please attach evidence e.g. verified copy of drivers licence or marriage certificate.			
Declaration			
I hereby confirm that the information provided in this Change of Details Form is true and correct.			
Signature:			Date:

PLEASE HAVE THESE COMPLETED FORMS & SUPPORTING DOCUMENTS SCANNED AND UPLOADED ON TO JOB READY AGAINST STUDENT RECORD AND KEEP THEM IN THE STUDENT FILE