

## Change Of Personal and / or Contact Details

Section A - Student Details			
Student Name:			
Student I.D.:		Date:	
Course/s Enrolled in:			
Email Address:			
Contact Number:			
Section B - New Details (Complete CHANGED details ONLY; Change of Name* (Supporting documents required in original))			
Current / changed to Address:			
State:		Post Code:	
New Phone No. / Mobile No.:			
Email Address:			
Disability: <i>Please give a brief explanation of your reasons for amending your enrolment to support your application</i>			
<input type="checkbox"/> No <input type="checkbox"/> Yes. If "Yes", please indicate is below:			
<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Hearing</span> <span><input type="checkbox"/> Physical</span> <span><input type="checkbox"/> Intellectual</span> <span><input type="checkbox"/> Acquired Brain Injury</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Mental Illness</span> <span><input type="checkbox"/> Vision</span> <span><input type="checkbox"/> Learning Medical Condition</span> </div>			
<b>Medical Condition / Injury / Limitation/ Disability:</b> <i>Describe the medical condition /injury/limitation/disability i.e. type of medical condition/injury /limitation/disability, limitations of condition, which part(s) of your body are affected, date acquired, etc.</i> <i>Attach any relevant documentation that might assist us with developing strategies to assist you with your training/learning needs.</i>			
Doctor's contact details: (if relevant)			
<b>Training &amp; Learning Support Required:</b> <i>Please write a brief explanation of the type of support you might require, and a staff member will contact you later to discuss this further</i>			
Student Name & Signature		Date:	
Please return this completed form to the college. If sending by email, please send to <a href="mailto:info@ashtoncollege.edu.au">info@ashtoncollege.edu.au</a> .			
<b>OFFICE USE ONLY</b>			
Ashton College Staff Signature:		Date Received:	