

INSTRUCTIONS TO USE THIS FORM

It is a student's responsibility to inform AIWT within 7 days if a student's emergency contact details have changed. AIWT is committed to protect and keep all student information collected secure. All handling of data will occur in accordance with the Privacy Act 1988. Therefore, all requests for student records must be approved by the student.

Section A – Student Details		
AIWT Student ID Number		
Family Name:		Given Name:
Section B – Emergency Contact Details (Person 1)		
Family Name:		Given Name:
Phone contact:		Relationship:
Section C – Emergency Contact Details (Person 2)		
Family Name:		Given Name:
Phone contact:		Relationship:
Section D – Declaration by student		
<input type="checkbox"/> I declare that the information provided by me is true and correct. <input type="checkbox"/> If I am under 18 years of age, my legal guardian must sign this form.		
Student Signature: _____		Date: _____
Legal Guardian Signature: _____		Date: _____
Submission has been made		
<input type="checkbox"/> In person by student Ground Floor 823 Wellington Street, West Perth WA 6005 <input type="checkbox"/> By Mail Ground Floor 823 Wellington Street, West Perth WA 6005 <input type="checkbox"/> Email: studentservices@aiwt.edu.au		
OFFICE USE ONLY		
Details have been updated in SMS		Officer:
		Date: