

Change of Details Form

Student Name (name currently on record): _____

Employer / Workplace (name currently on record): _____

Student to complete this section (please tick sections that have changed)

New details are:

Name: _____

(Proof of name change must be attached - example marriage certificate)

Address: _____
 _____ State: _____ Post Code: _____

Home Phone: (____) _____ Mobile Number: _____

Email Address: _____

New Employer / Workplace: _____

New Authorised Person for Discussions with Office re: Accounts: _____

Delete current authorised person: Yes No

(If you have changed employer / workplace please get your new employer to complete the Employer Details section below)

Student Signature: _____ Date: ____ / ____ / ____

Employer to complete this section

New details are:

Trading Name: _____

Legal Name: _____

Business Address: _____
 _____ State: _____ Post Code: _____

Postal Address: _____
 _____ State: _____ Post Code: _____

Business Phone: (____) _____ Mobile Number: _____ Fax Number: (____) _____

Email Address: _____

Contact Person: _____ Position: _____

I agree for my employee to participate in workplace training and assessment with TLC Training Solutions.

I understand that my employee will be visited onsite by TLC Training Solutions for training and assessment.

Employer Signature: _____ Date: ____ / ____ / ____

Please return this form to TLC Training Solutions

PO Box 508 Browns Plains BC QLD 4118

Or to your Training Consultant

Office use only

	Tick	Staff Initials	Date
Change of Details form received	<input type="checkbox"/>	_____	____ / ____ / ____
New details updated on database	<input type="checkbox"/>	_____	____ / ____ / ____
Training Consultant notified (if applicable)	<input type="checkbox"/>	_____	____ / ____ / ____
MYOB Card file updated	<input type="checkbox"/>	_____	____ / ____ / ____