

## **CHANGE OF DETAILS FORM**

Complete and submit this form to <a href="mailto:training@excels.com.au">training@excels.com.au</a> to inform Excel Training Staff of change of details.

DETAILS TO BE UP	DATE	O (PLEASE TICK)		
□ Name		☐ Address		Contact Number
☐ Vocation/ Qualification		☐ Employer		Training Plan
Changes effective from	m:			
CURRENT LEARNER	R DET	AILS		
Given Names:				
Last Name:				
Date of Birth:				
Location:				
Course Name				
Name Certificate, Deed Poll	or Marri		iage etc. you must attac	ch evidence. This may include: Change of
CHANGED LEARNER DETAILS				
Given Names:				
Last Name:				
Address:				
Contact No:				
Email:				
CURRENT EMPLOYE	ER DE	TAILS		
Legal Name				
CHANGED EMPLOYER DETAILS				
Legal Name:				
Contact Person:				
Position:				
Contact No:				
Email:				
Address				
CHANGED VOCATION	N/Ql	JALIFICATION DETAILS		
New Qualification Code				
New Qualification Name				
Vocation Name				
DECLARATION				
Name (Print)				
Signature			Date	9

Version 2

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