



Educating for Excellence

# Australian Ideal College

RTO No.: 91679 | CRICOS Provider Code: 03053G  
Sydney Campus: Levels 7 & 8, 75 King Street Sydney NSW 2000 Australia  
Adelaide Campus: Level 3, 21-23 Rundle Mall, Adelaide SA 5000 Australia  
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## Change of Address and Contact Details

**CHANGE OF CONTACT DETAILS** – You must advise the College of your own and your emergency contact person’s residential address, telephone number and email address and of any subsequent changes to the contact details within 7 days. It is your responsibility and in your own best interests to ensure that you always update your contact details at the College or via our online system <https://ideal.rto manager.com.au> to ensure you can receive important information about your course, fees and possible breaches of your student visa.

Student’s Details			
Full Name		Student ID	
Mobile No.		Home Phone No.	
Email Address			
Course(s) Enrolled		Course Start Date	
New Contact Details			
Address			
		Postcode	
Mobile No.		Home Phone No.	
New Emergency Contact Person’s Details			
Full Name		Relationship to Student	
Mobile No.		Home Phone No.	
Address			

### Privacy Statement

Information is collected on this form and during your enrolment in order to meet our obligations under the ESOS Act and the National Code 2018; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager as well as debt collectors for overdue payment. In other instances information collected on this form and during your enrolment can be disclosed without your consent where authorised or required by law.

Signature of Student \_\_\_\_\_ Signature of Parent/Guardian\* \_\_\_\_\_

Date of Signature \_\_\_\_\_ \*Parents or Guardian must sign this form if the student is under 18 years old.

For AIC Office Use Only			
Date of Receipt		Received by	
Updated in the RTOManager by		Date of Update	
Remarks			