



INTERNATIONAL STUDENT'S CONTACT DETAILS FORM

This form is to be completed when enrolling, or when your personal or contact details change. The information you provide is used to update your student file and academic record. **BOTH PAGES AND ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND SIGNED WHERE INDICATED** (if a section is not applicable to you please write N/A in that section). Some changes e.g. change of marital status or name, will require supporting documentary evidence. **PLEASE HAND IN THE COMPLETED FORM AT ENROLMENT OR EMAIL** admissions@koi.edu.au **within 7 working days.**

Unique Student Identifier (USI) No.

KOI APPLICATION ID No. (Located on your letter of offer) KOI STUDENT ID No. Title
 Mr Mrs Miss Ms Dr

Family name: Gender: Male Female Other

Previous family name: (If Applicable) Date of birth: D D | M M | Y Y Y Y

Given name:

Current Residential Address in Australia (required, must include postcode):

Number Street Name Town, City or Suburb State, Territory, Province or County Postcode/ Country

Permanent address in home country

Mobile number: Personal Email Address:

Are you? Australian citizen New Zealand citizen Aboriginal Torres Strait Islander Other:

Nationality: Passport No:

Visa Type Student Visa Sub-class: 500 HEd VET ELICOS
 Other Other

Visa Expiry Date: D D | M M | Y Y Y Y Date granted: D D | M M | Y Y Y Y

Are you currently in discussions with the Administrative Appeals Tribunal (AAT)?

YES If yes, please provide details:
 NO

OVERSEAS STUDENT HEALTH COVER (OSHC) (Your personal details may be submitted to KOI OSHC provider for the purpose of membership registration and updates on the service they provide.)

OSHC Provider: Expiry Date:
 Membership number: D D | M M | Y Y Y Y

Please complete and sign page 2 of this form.

Australian Institute of Business and Management Pty Ltd (AIBM) trading as King's Own Institute (KOI)
 Level 1, 31 Market Street, SYDNEY NSW 2000, Australia T +61 2 9283 3583 F +61 2 9283 3683
 Email: admissions@koi.edu.au website: www.koi.edu.au: ABN 72 132 629 979 CRICOS Provider No 03171A

Are you aware of any illness/condition that may affect your studies (including pregnancy)? YES NO

Illness/condition details:

EMERGENCY CONTACT DETAILS (IN AUSTRALIA)

Family name: Given name:
Address: Mobile number:
Email:
Relationship to you Language/s Spoken

EMERGENCY CONTACT DETAILS (OVERSEAS)

Family name: Given name:
Address: Mobile number:
Email:
Relationship to you Language/s Spoken

STUDENT DECLARATION

I declare that the information set out below and provided by me in this form is correct and complete:

- a. I confirm and understand that KOI will communicate with me ONLY via my student email, and I agree to check my student email regularly.
- b. I understand that KOI will send letters to the current Australian address as advised by me.
- c. I understand it is my responsibility to ensure that my enrolment is correct in all respects.
- d. I understand it is my responsibility to advise KOI of any changes to my personal and/or contact information.
- e. I declare I have accepted the enrolment offer made to me by KOI and that I have read and agreed to accept the terms and conditions of the Letter of Offer and Written Agreement, including the Refund Policy and the Privacy Statement.
- f. I authorise KOI to access the DHA's (Department of Home Affairs) Visa Entitlement Verification Online System (VEVO) to obtain information on my visa status.
- g. I agree to inform KOI within 7 working days if any of my contact details change.
- h. I understand the conditions of my Visa (Student Visa or other Visa).
- i. I acknowledge that if my attendance is assessed as not being satisfactory course progress, in accordance with KOI requirements, my enrolment as a student may be at risk.

Student's Signature

Date:

D D | M M | Y Y Y Y

OFFICIAL USE ONLY

LAST UPDATED: (please update at every enrolment) - KOI Staff Only

Trimester Updated	Date Updated	Updated by (Print Name)	Comments