



Student contact details form

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. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

Student Personal Details:			
Student ID:		USI Number: (refer to How to register USI)	
Course Name:		Course Start:	/ /
Family Name:		Given Name:	
Date of Birth:	/ /	Contact Number:	
Email:			
Address:	Unit:	Street:	Suburb: Postcode:

Emergency Contact Detail (must be someone in Australia):	
Name:	
Contact Number:	
Email:	
Relationship:	

Declaration
<p>Please read and tick the box:</p> <p><input type="checkbox"/> I declare that all the information I have given above is correct and complete.</p> <p><input type="checkbox"/> Privacy Disclaimer</p> <p>Personal information is collected solely for the purpose of operating as a Registered Training Organisation under the Australian Qualifications Framework administered by the New South Wales Government who are the registering authority. The requirements of the registering authority may require the release of your personal information for the purposes of audit or for collection of data by Commonwealth and State Government departments and agencies.</p> <p>Under the National Privacy Principles you can access personal information held on you and you may request corrections to information that is incorrect or out of date.</p> <p>I declare that I agree to disclose my personal information to any third parties solely for the purposes of audit or for collection of data by Commonwealth and State Government departments and agencies.</p>



Student Handbook

I have read, understood and agree to comply with the information outlined in the SIBN College Student Handbook.

Agreement of using photo, testimonial, statement or any other resources for promotional purposes.

I give my consent for SIBN to use my photo and testimonial (where applicable) for promotional purposes.

Student Signature: _____ Date: ____ / ____ / ____

Office Use Only							
Record Updated		Yes		No		Date:	/ /