



Australian Institute of Science and Technology

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SA-FM-21 STUDENT PERSONAL INFORMATION FORM

PERSONAL DETAILS

Name:		Student No:	
Address:			
Date of Birth:		Email:	
Mobile No:		Home Phone:	

In case of emergency of which AIST becomes aware, I request that the Institute contact the following:

EMERGENCY CONTACT

Name:		Relationship:	
Address:			
Mobile No:		Email Address	
Home Phone:		Work Phone:	

MEDICAL HISTORY

Are there any medical conditions/allergies that AIST needs to be aware of? Yes No

If yes, please specify

STUDENT DECLARATION

I declare that: (please check the boxes)

- The information I have provided is true and correct.
- I understand that my personal information will be handled in accordance with the Privacy Act Legislation.
- I understand that I must comply with all conditions placed on my student visa and that I will inform AIST of any change of addresses or other contact details within 7 days after it occurs.
- I understand that the email is the preferred contact method and I agree to check emails regularly, and if I change my email address, I will inform AIST immediately.

Name

Signature of Student

Date / /