

# STUDENT PERSONAL INFORMATION FORM



## SA-FM-21 STUDENT PERSONAL INFORMATION FORM

### PERSONAL DETAILS

<b>Name:</b>		<b>Student No:</b>	
<b>Address:</b>			
<b>Date of Birth:</b>		<b>Email:</b>	
<b>Mobile No:</b>		<b>Home Phone:</b>	

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

### EMERGENCY CONTACT

<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>			
<b>Mobile No:</b>		<b>Email Address</b>	
<b>Home Phone:</b>		<b>Work Phone:</b>	

### MEDICAL HISTORY

Are there any medical conditions/allergies that AIST needs to be aware of?  Yes  No  
If yes, please specify

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### 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 ..... / ..... / .....