

Change of Address/Contact Details/ Advice on Special Needs

PERSONAL DETAILS

Curtin ID Number

Family Name

Given Names

Title Female Male Birth Date
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INFORMATION ON SPECIAL NEEDS

Please note the information provided below will assist the University in monitoring and improving services to assist students with special needs.

1. Do you have a disability, impairment or long term medical condition which may affect your studies? Yes No

2. Would you like to receive information on support services, equipment and facilities available which may assist you? Yes No

Please indicate the type of disability that applies (Optional) Mobility Hearing Vision Learning Medical Other

To update your address details, please complete the following:

CHANGE OF ADDRESS

CONTACT ADDRESS

Number and Street

Suburb/Town/City State

Country Post Code

OTHER ADDRESS (see note below)

Number and Street

Suburb/Town/City State

Country Post Code

NOTE:

Is this address your: Permanent Temporary Preferred From Date ____ / ____ / ____ to ____ / ____ / ____
 (tick one or more boxes)

OTHER DETAILS (please include telephone area code)

Home Phone Work Phone

Mobile Phone Fax Number

NEXT OF KIN (OPTIONAL)

Name Relationship

Address: Does your next of kin live at your permanent address? Yes No **If 'No' please complete the details below.**

Number and Street

Suburb/Town/City State

Country Post Code

Home Phone W/Phone Mobile

Student's Signature: _____ Date ____ / ____ / ____

Office Use Only

PRIVACY STATEMENT

The University will only use personal information collected from you, or about you, for internal administrative purposes. It will not be provided to other parties other than in accordance with legislative requirements, or in circumstances where you have given explicit permission for the information to be transmitted.