

**Amendment Form – Personal Details**

BMS FSA009

This form must be forwarded to Student Administration when completed.

Client I.D. Number:

Date of Birth:

Surname/Name:

Given Names:

**Change of Name:****Complete this section ONLY if your name has change since last enrolled. (Certification of change required)**

Surname/Name:

Given Names:

Proof Supplied and sighted:

Type of Proof Supplied: Licence, Marriage Certificate, Other

**Change of Contact Details:**

POSTAL ADDRESS :

Number and Street:

Town:

Postcode:

Home Phone No:

Email:

Work Phone No:

Mobile Phone No:

 **Change of Employer Details: (Apprentices/Trainees only) OR** **Change for Emergency Contact Details****Employer/Group Training (for apprentices or trainees):**

Contact Name:

Address:

Town:

Postcode:

Telephone:

**Signature:****All Students must complete this section:**

Client Signature:

Date:

Parent/Guardian signature (for students under the age of 18 years of age)

Date