



Technical Education Development Institute (TEDI)
Technical Electronics Centre
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STUDENT CONTACT DETAILS CHANGE FORM

True Education Pty Ltd t/a Technical Education Development Institute and t/a Technical Electronics Centre (hereby referred as TEDI)

Student Name: _____

Date of Birth: _____ Student ID: TEDI _____

Course Name: _____

Note: As per the National Code of Practice 2018 Standard 3.5 and the ESOS Act 2000, you must notify TEDI within 7 days of any change to your contact details (address, phone number, email).

New Contact Details

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Preferred method of contact (tick one): ☐ Email ☐ Phone ☐ SMS

Emergency Contact Details

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Relationship to you: _____

Consent

I consent to the Institute sharing relevant information with my emergency contact in case of an emergency:

☐ Yes ☐ No

Privacy Statement

Personal information is collected solely for the purpose of operating as a Registered Training Organisation under the VET Quality Framework administered by the Australian Skills Quality Authority who are the registering and regulatory authority, the Department of Education, or the Department of Home Affairs where required. The requirements of the registering authority may mean the release of your personal information for the purposes of audit, or for collection of data by Commonwealth and State Government departments and agencies. It is a requirement of the VET Quality Framework that students can access personal information held by the Institute and may request corrections to information that is incorrect or out of date. Please apply to the Training or Admin Manager if you wish to view your own records. For full details, see our Privacy Policy at: <https://tedi.vic.edu.au/policies>

I declare that the information provided above is accurate and complete. I understand my responsibility to keep my contact information up to date and acknowledge the privacy terms outlined above.

Student Signature: _____ Date: _____