

INTERNATIONAL STUDENT'S CONTACT DETAILS FORM

This form is to be completed when enrolling, or when your personal or contact details change. The information you provide is used to update your student file and academic record. **BOTH PAGES AND ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND SIGNED WHERE INDICATED** (if a section is not applicable to you please write N/A in that section). Some changes e.g. change of marital status or name, will require supporting documentary evidence. **PLEASE HAND IN THE COMPLETED FORM AT ENROLMENT OR EMAIL** admissions@imc.vic.edu.au **within 7 days.**

Unique Student Identifier (USI) No.

APPICATION ID No. (Located on your letter of offer)		STUDI	STUDENT ID No.			Title					
							Mr	Mrs	Miss	Ms	Dr
Family name:				Gender:	Male	Female	Oth	er			
Previous family name:				Date of birth:	D	M M	Y	Y Y	Υ		
Given name:											
Current Resider	ntial Address in Au	ustralia (required, n	nust include pos	stcode):							
Number	Street Name		Town, City or Suburb		Sto	ate, Territory, Pro	vince or Co	unty		Postcode/ Co	untry
Permanent add	ress in home cour	ntry									
Mobile number	r:		Persoi	nal Email Add	lress:						
Are you?	Australian citizer	n New Zealan	d citizen A	boriginal	Torres St	trait Island	er	Other:			
Nationality:				Passp	ort No:						
Visa Type	Student		,	Visa Sub-class :	500	HEd		VET	ELIC	cos	
	Other				C	Other					
Visa Expiry Date	e: D D	M M Y	Y Y Y	Date granted:		M	M	Y Y	Y Y		
Are you current	tly in discussions v	with the Administra	ative Appeals Tr	ibunal (AAT)?							
YES	f yes, please provi	de details:									
NO	, ,, , , , ,										
		COVER (OSHC) (Yo e purpose of meml							and		
OSHC Provider:						Expiry					
Membership nu	umber:						D	М М	Υ	Y Y	Υ

Institute of Management and Computing Pty Ltd.

RTO No. 91615 | CRICOS Code: 04220M | ABN: 52 123 503 480

Address: Unit 1/61 Riggall Street, Broadmeadows, Melbourne, VIC, 3047, Australia Phone: +61 391 913 448 | Email: info@imc.vic.edu.au | Website: www.imc.vic.edu.au Contact Detail Form Version 2.0 | Last reviewed: Sep 2025 | Uncontrolled when printed

A	!!! /!!#!	41 4 - 4.		(!ll!
Are you aware or an	y iliness/condition	that may affect	your studies ((including pregnancy)?

YES

NO

Illness/condition details:

EMERGENCY CONTACT DETAILS (IN AUSTRALIA)		
Family name:	Given name:	
Address:	Mobile number:	
Email:		
Relationship to you	Language/s Spoken	
EMERGENCY CONTACT DETAILS (OVERSEAS)		
Family name:	Given name:	
Address:	Mobile number:	
Email:		
Relationship to you	Language/s Spoken	
STUDENT DECLARATION I declare that the information set out below and provi a. I confirm and understand that Institute of M and I agree to check my student email regul b. I understand that Institute of Management a c. I understand it is my responsibility to ensure d. I understand it is my responsibility to advise contact information. e. I declare I have accepted the enrolment offe agreed to accept the terms and conditions of Privacy Statement. f. I authorise Institute of Management and Con Verification Online System (VEVO) to obtain g. I agree to inform Institute of Management a h. I understand the conditions of my Visa (Stud i. I acknowledge that if my attendance is asses Management and Computing requirements Student's Signature OFFICIAL USE ONLY	anagement and Computing will communicated arly. and Computing will send letters to the currer of that my enrolment is correct in all respects. Institute of Management and Computing of our made to me by Institute of Management at of the Letter of Offer and Written Agreement, of the Letter of Offer and Written Agreement, of the Letter of Offer and Written Agreement, of information on my visa status. Ind Computing within 7 days if any of my correct visa or other Visa). Indicate the communication of the correct of the computing within the correct of the co	the with me ONLY via my student email on the Australian address as advised by me frany changes to my personal and/or and Computing and that I have read and including the Refund Policy and the fract details change.
OFFICIAL USE ONLY LAST UPDATED: (please update at every enrolmen	t) - Institute of Management and Computi	ng Staff Only
Trimester Updated Date Updated	Updated by (Print Name)	Comments

Privacy Notice: Information collected is used for lawful educational and compliance purposes under the Privacy Act 1988 (Cth) and the VET Data Policy. Details may be shared with government agencies (e.g., PRISMS, NCVER) as required.

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