

STUDENT CHANGE OF DETAILS FORM

I am a student of InterCare and wish to advise a change of:

Name (please provide proof of change of name¹)

Contact Details

Home Address

Other

Other (please specify):

Student name (as on current records):

Date of Birth:

Previous address (as on current records):

Course undertaking/undertaken:

¹ Certified copies* of documentary evidence must be supplied. Documentary evidence accepted includes a current Passport, and Birth, Marriage or Change of Name Certificate from the Registry of Births, Deaths & Marriages. A certified copy is a copy of an original document that has been verified as being a true copy after the original document has been sighted by an authorised person.

Please provide new information below

Surname (*legal family surname*):

First name:

Middle name:

Home address:

Postal address (*if different from above*):

Phone Home:

Work:

Mobile:

Signature:

Date:

9 INTERNAL REFERENCE NUMBER

ITSF1.95