



Institute of Applied Psychology

STUDENT CHANGE OF DETAILS

☐ I am a student of Epiphany Learning T/A AICH and wish to advise a change of :

☐ Name (please provide proof of change of name)

☐ Home Address

☐ Contact Details

☐ Other:

☐ Employer / Workplace

Student Name (as on current records):

Date of Birth: / /

Current Course:

Please provide new information below

Surname:

First Name:

Middle Name/s:

Home Address:

Ph:

Fax:

Mobile:

Email:

Workplace/ Employer (workplace based courses):

Signed:

Date:

Please provide new information below

Business Name:

Contact Person:

Position:

Business and/or Postal Address:

Ph:

Fax:

Mobile:

Email:

Signed:

Date:

Please return this completed form to AICH, admin@aich.edu.au