

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:

Please provide new information below

Surname (legal family surname):

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.

First name: Middle name:

Home address:

Postal address (if different from above):

Phone Home: Work: Mobile:

Signature: Date:

9 INTERNAL REFERENCE NUMBER

ITSF1.95