



Canterbury Technical Institute

Level 1, 333 Adelaide Street, Brisbane City, QLD 4000

CRICOS Code: 02938M / RTO No: 31645

Change of Contact Details

Student Full Name: _____

Date of Birth: ____/____/____ Student No: _____

Course attending: *(please select one from the following)*

- | | |
|---|---|
| <input type="radio"/> SIT30616 - Cert III in Hospitality | <input type="radio"/> BSB41515 - Cert IV in Project Management Practice |
| <input type="radio"/> SIT40416 - Cert IV in Hospitality | <input type="radio"/> BSB51415 - Diploma of Project Management |
| <input type="radio"/> SIT40516 - Cert IV in Commercial Cookery | <input type="radio"/> BSB61218 - Adv. Dip of Program Management |
| <input type="radio"/> SIT50416 - Dip of Hospitality Management | <input type="radio"/> BSB51918 - Diploma of Leadership & Management |
| <input type="radio"/> SIT60316 - Adv. Dip of Hospitality Management | <input type="radio"/> BSB61015 - Adv. Dip of Leadership & Management |
| <input type="radio"/> BSB50215 - Diploma of Business | <input type="radio"/> ICT50215 - Diploma of Digital & Interactive Games |
| <input type="radio"/> BSB60215 - Advanced Diploma of Business | <input type="radio"/> ICT50718 - Diploma of Software Development |
| | <input type="radio"/> ICT60115 - Adv. Dip of Information Technology |

Old Address:

Street address: _____

Suburb: _____ Post Code: _____

New Address:

Street address: _____

Suburb: _____ Post Code: _____

Contact Details:

(Fill this section only if you have changed any other contact details)

Phone no: (home) _____ (work) _____

Email: _____ Mobile: _____

_____/_____/_____
(Student Signature) (Date)

----- For Office Use -----

Signature of CTI staff: _____