



Please tick which scholarship you have and list your discipline:

- Rural Scholarship Scheme
- Bonded Medical Scholarship
- Population Health Scholarship
- Allied Health Area of Priority Scholarship
- Post Graduate Scholarship

DISCIPLINE:

Scholarship Holder Personal Details Change Notification

Privacy Disclaimer:

The collection of personal information on this form is authorised under the *Public Service Act 1996*. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

1 EMPLOYEE DETAILS

Employee ID	Employee Family Name	Employee Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>



Review Sections 2 to 5 and complete only those Sections relevant to changes to your Name, Address or Emergency Contacts.

2 CHANGE OF NAME*

Title	Family Name	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>

*If changing your name, you must attach copies of supporting documentation certified by either a Justice of the Peace or Commissioner for Declarations. Acceptable forms of documentation include Deed Poll, Marriage Certificate, Passport, Birth Certificate or Divorce Decree.

3 CHANGE OF RESIDENTIAL ADDRESS

New Residential Address	Suburb	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Phone	Mobile Phone	Work Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

4 CHANGE OF POSTAL ADDRESS

(Complete only if different from residential address above)

New Postal Address	Suburb	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 EMERGENCY CONTACT/S

Family Name - Primary Contact	Given Names	Relationship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address	Suburb	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Phone	Mobile Phone	Work Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Family Name - Secondary Contact (if applicable)	Given Names	Relationship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address	Suburb	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Phone	Mobile Phone	Work Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

6 EMPLOYEE CERTIFICATION

I certify that the changes as detailed above are true and correct.

Employee Signature	Date
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

Processing Officer ORH	Date	Reviewing Officer ORH	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Processing Officer HRBC	Date	Reviewing Officer HRBC	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>