



Privacy disclaimer: Cunningham Centre is collecting this information in accordance with the National Vocational Education and Training Regulator Act 2011 in order to meet your needs as a client and ensure accurate records are maintained for accreditation purposes.

Client details

(provided when originally enrolling)

Form fields for Client details: Title, Date of birth, Given name(s), Preferred name(s), Family name(s), Course Name, Course Facilitator

Change of name

Complete this section if:

- you are requesting your award to be issued in a different name to the name you used to enrol, or
you have changed your name since enrolling in the course.

IMPORTANT:

- If you are enrolled in a nationally-recognised training package component and you have provided us with a USI, you will need to log into your USI account and make those changes before you submit this application.
In all other circumstances, you will be required to provide a certified hard copy of evidence to support your request (eg Marriage Certificate).

Form fields for Change of name: Title, Given name(s), Family name(s), Reason for name change

New personal details

(Complete only those sections where details have changed)

Contact details

Form fields for Contact details: Postal address, Suburb/town, State, Postcode, Telephone, Fax, Email

Employment

Form fields for Employment: Employer, Workplace, Telephone, Fax

Alternative contact

Form fields for Alternative contact: Family name(s), Given name(s), Telephone, Fax

Client signature

(Clients under 18 years of age must have this form signed by a parent or legal guardian)

Signature section: I certify that: the information I have provided above is accurate, and I can produce the original copies of any evidence that I submit if requested by the Cunningham Centre at any time. Signature, Date

Please email this form and scanned copies of any evidence to your Course Facilitator.

Delivery Team Leader Authorisation

Required if the client is requesting that the award be issued in a different name to that which they used to enrol.

I have reviewed the evidence submitted and authorise that the award with issued in the name requested.

Allied Health Education and Training

- Manager, Allied Health Education and Training
- Delegate (as nominated in PU5300.1)

Nursing Education and Training

- Nursing Director, Education and Research
- Delegate (as nominated in PU5300.1)

Name

Signature

Date