



Division/Office: _____

Employee Number: _____

Family Name: _____ Title: _____

(Show **former** name(s)/title if changed)

Other Names: _____

SHOW CHANGED DETAILS ONLY:

NAME CHANGE *:
 Family Name: _____ Title: _____
 Other Names: _____

CHANGE OF ADDRESS / PHONE NO:
 Home Address: _____
 _____ State: _____ Post code: _____
 Phone (h): (_____) _____
 Postal Address: _____
 _____ State: _____ Post code: _____

CHANGE OF CITIZENSHIP / VISA DETAILS *:
 Permanent Resident?: Yes No
 Citizenship: Australia New Zealand Other - _____
 (please state)

CHANGE TO QUALIFICATIONS LISTING *:
 Abbreviated Qualifications (as they are to appear in the University Handbook (Calendar)):

***Changes must be accompanied by certified copies of the appropriate documentation.**
I hereby certify that this information is true and accurate to the best of my knowledge. (Crucial statements found to be false within your knowledge may make you liable to disciplinary action.)

Signature of staff member: _____ / /
 Date

PERSONNEL OFFICE USE ONLY:
 1. Entered: _____ / / 2. Checked: _____ / /
 3. Copy to Superannuation: _____ / / 4. Filed _____ / /