

APPRENTICE CHANGE OF PERSONAL DETAILS FORM

SECTION 1 – PRIMARY DETAILS

Full Name: _____

Address: _____

Suburb: _____ State: _____ PCode: _____

Phone: _____ Mobile: _____

Email: _____

SECTION 2 – EMERGENCY DETAILS

Full Name: _____

Address: _____

Suburb: _____ State: _____ PCode: _____

Phone: _____ Mobile: _____

(Daytime contact number)

SECTION 3 – LICENCE DETAILS

Drivers Licence #: _____ State: _____ PCode: _____

Vehicle Make: _____ Type: _____ Year: _____

Vehicle Rego: _____

SECTION 4 – ACCOUNT DETAILS

Bank: _____ Branch: _____

BSB#: _____ / _____ Account #: _____

Account Name: _____

SECTION 5 – OTHER ie medical conditions, allergies, reaction to medication

PLEASE NOTE – YOU MUST NOTIFY EGA OF ANY FUTURE CHANGES TO PERSONAL DETAILS

OFFICE USE ONLY

<input type="checkbox"/> Finance /GTPAC	by _____	date: _____	<input type="checkbox"/> EGT	by _____	date: _____
<input type="checkbox"/> JobReady	by _____	date: _____	<input type="checkbox"/> TAFE	by _____	date: _____
<input type="checkbox"/> BUSY & DET	by _____	date: _____	<input type="checkbox"/> EMPLOYEE FILE	by _____	date: _____