



Change of Details Form

Please complete form in block capital letters

| | | | | | | | | | |
|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Student ID: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

| | |
|------------------|---------------|
| First Name: | Surname: |
| New First Name*: | New Surname*: |

*Any change in name needs to be accompanied by a legal document such as a Deed Poll and a copy of the document attached to this form.

Change of Address

| | |
|--------------|-----------|
| New Address: | |
| Town/City: | County: |
| Country: | Postcode: |

| | |
|-----------------------------------|-----------|
| Term Time Address (If Different): | |
| Town/City: | County: |
| Country: | Postcode: |

Change of Contact Details

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|-------------------------------|
| New Phone Number: |
| New Home Phone: |
| New Email Address: |
| New Emergency Contact Number: |
| New Emergency Contact Email: |

Change of bank details

(please note we are unable to make payments into Post Office accounts)

Bank Name:

Account Holder's Name:

Sort code: (6 digits long)

Account number: (8 digits long)

Declaration: I confirm that the information given on this form is correct to the best of my knowledge

| | |
|-------------------|----------------------------|
| Learner Signature | Parent/Guardian Signature: |
|-------------------|----------------------------|

Office Use Only

| | | |
|------------------------------------|------------------------------|-----------------------------|
| Changes Made On REMs (Please Tick) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Changes Made By: | Signature: | |