Amendment Form – Personal Details

BMS **FSA009**

This form must be forwarded to Student Services when completed.

Client I.D. Number:

Date of Birth:

Surname/Name:

Given Names:

Change of Name:
Complete this section ONLY if your name has change since last enrolled. (Certification of change required)

Surname/Name:

Given Names:

Proof Supplied and sighted: ☐ Type of Proof Supplied: Licence, Marriage Certificate, Other

Change of Contact Details:
POSTAL ADDRESS :
Number and Street:

Town: Postcode: Home Phone No:

Email: Work Phone No:

Mobile Phone No:

Change of Employer Details: (Apprentices/Trainees only)
Employer/Group Training:

Contact Name:

Address:

Town: Postcode: Telephone:

Signature:

All Students must complete this section:
Client Signature: Date:

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