

Amend Learner Details



Tertiary Education Commission
Te Amorangi Mātauranga Matua

Programme Details

Programme name

Programme number

Office Use

Entered on: / /

Entered by:

Learner Details

Learner's name National Student Number

Change Request Details

Which learner details need to be amended? (please tick) Contact Details Daily Travel Details Bank Account Details

Contact Details

Street address

Suburb Town/City

Contact telephone number (0) Other contact number (0)

Learner Travel Costs

Daily Travel Details

TEO Supplied travel YES or NO

Public transport return trip cost per day \$

Private travel return trip distance per day km

Total travel claimed per day \$

Bank Account Details

Bank account number

Is this the learner's bank account? YES or NO

(please tick one)

Learner Declaration

I declare that all information on this form is true and correct.

I authorise the training provider to submit to the Tertiary Education Commission (TEC) the information contained on this form. Where the information is submitted electronically the provider may not alter any of the information, except to correct any obvious typographical error (and where such a correction is made the provider is to note the correction on the form).

I agree to notify the provider if any of the information I have provided changes.

I acknowledge that:

- The information provided in this form is being collected and will be held by both the provider, to enable it to manage my enrolment in the programme specified in my original enrolment, and the TEC, to enable it to provide and monitor funding in relation to the programme. The information may also be used for the other purposes set out in the enrolment form.
- If I do not provide the information required the TEC may not be able to amend my details.
- Under the Privacy Act 1993 I have a right to access and to request correction to any of my personal information provided to the provider and the TEC. I can contact the provider at the address set out in my contract with it, and the TEC at PO Box 27-048, Wellington.

Signed..... Print Name Date / /

Provider Declaration

I certify that, to the best of my knowledge and belief, the information relating to this learner is true and correct.

I have verified that this learner has signed the learner declaration.

Signed..... Print Name Date / /

Provider name Provider number.....