

# ECoE Change Form

Please read this application form carefully and complete ALL sections

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1. Personal Details <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: _____ Country of Birth: _____
Surname:	_____		
Given Names:	_____		
Nationality:	_____		
Unique Student Identifier(USI):	_____		
Please note from January 2015, all students undertaking nationally recognized training delivered by a registered training organization will require a USI. You can create your own USI at <a href="http://usi.gov.au/create-your-USI/Pages/default.aspx">http://usi.gov.au/create-your-USI/Pages/default.aspx</a> .			
2. Section 2 – ECoE Details			
ECoE to be Changed ECoE Number's:	_____		
Reason for ECoE Change:	_____		

Preferred Course and Intake				
SELECT COURSE	CRICOS CODE	QUALIFICATION	COURSE DURATION (weeks)	INTAKE
<input type="checkbox"/>	SHB20116	Certificate II in Retail Cosmetics	36	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB20216	Certificate II in Salon Assistant	30	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB30115	Certificate III in Beauty Services	58	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB30215	Certificate III in Make-Up	56	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB30315	Certificate III in Nail Technology	56	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB40115	Certificate IV in Beauty Therapy	78	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB50115	Diploma of Beauty Therapy	98	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB30416	Certificate III in Hairdressing	60	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB30516	Certificate III in Barbering	52	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB40216	Certificate IV in Hairdressing	30	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11
<input type="checkbox"/>	SHB50216	Diploma of Salon Management	58	[ 04/03 [ 22/04 [ 27/05 [ 15/07 [ 19/08 [ 07/10 [ 11/11

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**Section 3 - Student Declaration**

I hereby declare and certify that the information supplied by me on all parts of this form is complete and true in all aspects.

Signature: .....

Date: .....

**Section 4 – OFFICE USE ONLY**

(All sections to be completed by a delegated officer).....

Item	Please tick	Initials	Date
ECoE Form Received – Completed Accurately & Signed by Student			
Revised Signed Letter of Offer Received (if applicable)			
Wisenet is Updated as per the changes			
Xero is Updated as per the changes			
ECoE variation added in PRISMS			
Updated ECoE issued			