

EMERGENCY NOTIFICATION

In case of any change to your address/telephone number or drivers licence, you should immediately notify Auto Apprenticeships Office on (03) 9829 1130

SURNAME of APPRENTICE: _____

GIVEN NAME/S: _____

CURRENT ADDRESS: _____

POSTAL ADDRESS:
(ONLY IF DIFFERENT FROM ABOVE)

EMAIL ADDRESS: _____

TELEPHONE: (HOME) _____ (MOBILE) _____

DRIVERS LICENCE
NUMBER: _____ EXPIRY DATE: _____

DO YOU HOLD A CURRENT
HEALTH CARE CARD? YES NO EXPIRY DATE: _____
(VACC only)

IN CASE OF EMERGENCY PLEASE CONTACT

NAME OF FIRST CONTACT: _____

RELATIONSHIP: _____

TELEPHONE: (HOME) _____ (MOBILE) _____

NAME OF SECOND CONTACT: _____

RELATIONSHIP: _____

TELEPHONE: (HOME) _____ (MOBILE) _____

EMERGENCY MEDICAL INFORMATION

Do you have any medical conditions that the VACC need to be aware of, in the event of an accident?

Allergies: _____
e.g. Allergy to penicillin

Current medication: _____

Medical problems: _____