

# CHANGE OF ADDRESS

## Please Forward To:

Manager – Business Systems  
Hospitality Training Network Ltd.  
P.O. Box 198  
ROSEVILLE NSW 2069  
PHONE: 02 9495 4444  
FAX: 02 9495 4455



Apprentice Name: .....

GT ID No.: .....

Advised to: .....

Date of advised change : ...../...../.....

### NEW DETAILS:

New Address: .....

.....P'Code.....

New Telephone Number: Home: (.....)..... Mobile: .....

### NEW EMERGENCY CONTACT:

Contact Name: .....

Relationship to Apprentice/Trainee: .....

Address of Contact Person : .....

.....P'Code.....

New Telephone Number: Home: (.....)..... Mobile: .....

Work: (.....).....

### OFFICE USE:

ENTERED on GEMS-GT: .....DATE: ...../...../.....

ENTERED on PAYMASTER: .....DATE: ...../...../.....

ADVICE to HOSTPLUS SENT: .....DATE: ...../...../.....