

# CHANGE OF ADDRESS



## Please Forward To:

Payroll Officer  
Hospitality Training Network Ltd.  
P. O. Box 198  
ROSEVILLE NSW 2069  
PHONE: 1300 139 108  
FAX: 1300 656 139

Employee 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 ATTACHE: \_\_\_\_\_ DATE:     /     / \_\_\_\_\_

ADVICE to HOSTPLUS SENT: \_\_\_\_\_ DATE:     /     / \_\_\_\_\_