

**BOX HILL INSTITUTE CERTIFICATE IV in HEALTH (NURSING)/MEDICATION ADMINISTRATION
ADMISSIONS TEST (HAT)**

NOTIFICATION OF CHANGE OF ADDRESS FORM

I am currently registered to sit the HAT test at Box Hill Institute. My candidate number is:

The address I have provided for receipt of my results is:

Address _____

Suburb/Town _____ State _____ Postcode _____

This is no longer the address that I wish to provide for receipt of my HAT results.

My new address is:

Address _____

Suburb/Town _____ State _____ Postcode _____

Could you please amend your records to reflect this change.

Signature

Name (Please print)

Witness Signature

Name (Please print)

() _____
Daytime contact phone number

**Please post to:
HAT Registration
ACER
Private Bag 55
Camberwell VIC 3124**