

Permission for AST to Apply for Student's USI



This form is only required to be filled out if the student, who has not applied for a Unique Student Identifier (USI) previously and is requesting Access Skills Training (AST) to apply for a USI on their behalf. Alternatively, a copy of the ID document can be obtained instead of recording this information.

If you would like us, Access Skills Training, to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at [Australian Government USI](#). You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I, (insert name)authorise Access Skills Training (TOID 4603) to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at [Australian Government USI](#), and NCVET policies, procedures and protocols published on [NCVER's](#) website.

Town / City of birth: _____
 (Please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI. Please provide details for **one** of the forms of identity below. Please ensure that the name written in 'Personal Details' section of AST's Enrolment Form is exactly the same as written in the document you provide below.

1. Australian Driver Licence			
State / Territory:		Licence no:	
Card number:			
*Licences issued after November 2022 will have the number prominently featured on the back top right corner of the card. For licences issued before November 2022 - the card number is located on the back of the card in small font directly underneath the year of birth.			
2. Medicare Card			
Medicare card no.:		*Individual reference no. (next to your name on Medicare card):	
Card Colour (circle which applies):	Green: Expiry date: _____/_____ (Month / Year)	<input type="checkbox"/> Yellow or <input type="checkbox"/> Blue: Expiry date: _____/_____/_____ (Day / Month / Year)	
* This number is next to your name on the Medicare Card.			
3. #Australian Birth Certificate			
State / Territory:		Certificate number:	
# 'Extracts' of birth certificates are not accepted. Please note that different details are required depending on the jurisdiction of issue.			
4. Australian Passport			
Passport number:			
5. Non-Australian Passport (with Australian Visa)			

Passport number:		Country of issue:	
6. Immicard			
Immicard number:			
7. Citizenship Certificate			
Stock number:		Acquisition date:	____/____/____ Day / Month / Year
8. Certificate of Registration by Descent			
Acquisition date:	____/____/____ (Day / Month / Year)		

I confirm that I have read and understood the above information and allow AST to apply for my USI. I also confirm that the information I have provided is true and correct.

Student's signature: _____ **Date:** _____

Note: The Student Identifiers Act 2014 (section 11) requires RTOs to destroy personal information collected from individuals **solely** for the purpose of applying for a USI on their behalf as soon as practicable after the application has been made or the information is no longer needed for that purpose. Under Standard 3.6 (d), AST is required to ensure the security of the USI and all related documentation under its control, including information stored in AST's student management systems