

www.aidt.edu.au

1300 561 248

admissions@aidt.edu.au

USI Notification and Authorisation Form

From 01 January 2015 students undertaking Nationally Recognised Training delivered by a Registered Training Organisation (RTO) will need to have a Unique Student Identifier (USI). A USI gives students access to their online USI account which is made up of 10 numbers and letters (eg. 3AW88YH9U5). Please note that the Institute will not issue AQF certification documentation to an individual without being in receipt of a verified Student Identifier for that individual (Clause 3.6, Standards for RTOs (2015))

Name							Pers	sonal	Deta	ails						
First Name:	25	(All personal details are protected under the relevant Privacy legislation)														
Date of Birth:	Name			(Please en	ter your leg	al name	as it appea	ying doc	ument))						
Contact Details (All contact details are protected under the relevant Privacy legislation) Residential Address: Not a post office address Street Address: Suburb/Town/City: State: Post Code: Telephone: Email: Unique Student Identifier (USI) - The USI is protected under the relevant Privacy legislation Options (Select the appropriate option and complete the required details) 1 I have a USI and authorise the Institute to verify my USI 2 Ido not have a USI as I have been unable to create my own USI. I hereby authorise Australian Institute of Digital Technology to apply for a USI to the Registrar on my behalf. Select One (I) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Registration By Descent Usia (With Non-Australian Passport) Citizenship Certificate Usia (With Non-Australian Passport) Immicard Document Identification Number Country of Birth Country in Which You Are Studying Town/ City of Birth	First Name:								Family Name:							
Contact Details (All contact details are protected under the relevant Privacy legislation) Residential Address: Not a post office address Street Address: Suburb/Town/City: State: Post Code: Telephone: Email: Unique Student Identifier (USI) - The USI is protected under the relevant Privacy legislation Options (Select the appropriate option and complete the required details) 1 I have a USI and authorise the Institute to verify my USI 2 Ido not have a USI as I have been unable to create my own USI. I hereby authorise Australian Institute of Digital Technology to apply for a USI to the Registrar on my behalf. Select One (I) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Registration By Descent Usia (With Non-Australian Passport) Citizenship Certificate Usia (With Non-Australian Passport) Immicard Document Identification Number Country of Birth Country in Which You Are Studying Town/ City of Birth					-000											
Contact Details (All contact details are protected under the relevant Privacy legislation) Residential Address: Not a post office address Street Address: Suburb/ Town/ City: Telephone: Email: Unique Student Identifier (USI) - The USI is protected under the relevant Privacy legislation Options Select the appropriate option and complete the required details) I have a USI and authorise the Institute to verify my USI USI Number: I do not have a USI as I have been unable to create my own USI. I hereby authorise Australian Institute of Digital Technology to apply for a USI to the Registrar on my behalf. Select One (1) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents) Driver's Licence (Australia)	Date	of Birth:							Gend	er:	M	ale 🔲	Female			
Residential Address: Not a post office address Street Address: Suburb/ Town/ City: Telephone: Email: Unique Student Identifier (USI) - The USI is protected under the relevant Privacy legislation Options (Select the appropriate option and complete the required details) 1 I have a USI and authorise the Institute to verify my USI 2 I do not have a USI as I have been unable to create my own USI. I hereby authorise Australian Institute of Digital Technology to apply for a USI to the Registrar on my behalf. Select One (1) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents) Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Medicare Card Registration By Descent Citizenship Certificate Visa (With Non-Australian Passport) Immicard Document Identification Number Immicard Country of Birth Town/ City of Birth				dd	n	ım	ууу	У								
Residential Address: Not a post office address Street Address: Suburb/ Town/ City: Telephone: Email: Unique Student Identifier (USI) - The USI is protected under the relevant Privacy legislation Options (Select the appropriate option and complete the required details) 1 I have a USI and authorise the Institute to verify my USI 2 I do not have a USI as I have been unable to create my own USI. I hereby authorise Australian Institute of Digital Technology to apply for a USI to the Registrar on my behalf. Select One (1) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents) Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Medicare Card Registration By Descent Citizenship Certificate Visa (With Non-Australian Passport) Immicard Document Identification Number Immicard Country of Birth Town/ City of Birth							Cor	ntact	Deta	ils						
Street Address: Suburb/ Town/ City: Telephone: Email: Unique Student Identifier (USI) - The USI is protected under the relevant Privacy legislation Options Select the appropriate option and complete the required details) 1 I have a USI and authorise the Institute to verify my USI USI Number: 2 Ido not have a USI as I have been unable to create my own USI. I hereby authorise Australian Institute of Digital Technology to apply for a USI to the Registrar on my behalf. Select One (1) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents) Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Registration By Descent Australian Passport Citizenship Certificate Immicard Document Identification Number Immicard Document Identification Number Town/ City of Birth Country in Which You Are Studying Town/ City of Birth					(All conta	ct deta					Privacy	legislation				
Suburly Town/ City: Telephone: Email: Unique Student Identifier (USI) - The USI is protected under the relevant Privacy legislation Options (Select the appropriate option and complete the required details) 1 have a USI and authorise the Institute to verify my USI USI Number: 1 do not have a USI as I have been unable to create my own USI. I hereby authorise Australian Institute of Digital Technology to apply for a USI to the Registrar on my behalf. Select One (1) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents) Driver's Licence (Australia) Medicare Card Medicare Card Australian Passport Citizenship Certificate Immicard Document Identification Number Country of Birth Country of Birth Country in Which You Are Studying Town/ City of Birth	Reside	ntial Add	ress:		Not a p <mark>ost office</mark> address											
Telephone:	Street Address:															
Unique Student Identifier (USI) - The USI is protected under the relevant Privacy legislation Options (Select the appropriate option and complete the required details) I have a USI and authorise the Institute to verify my USI	Suburb/ Town/ City :									State:	-		Post Code:			
Unique Student Identifier (USI) - The USI is protected under the relevant Privacy legislation Options (Select the appropriate option and complete the required details) 1	Teleph	one :			Mobi	le :				Home /	Work:					
The USI is protected under the relevant Privacy legislation Options (Select the appropriate option and complete the required details) I have a USI and authorise the Institute to verify my USI USI Number:	Email:															
The USI is protected under the relevant Privacy legislation Options (Select the appropriate option and complete the required details) I have a USI and authorise the Institute to verify my USI USI Number:																
I have a USI and authorise the Institute to verify my USI USI Number:																
I have a USI and authorise the Institute to verify my USI																
Ido not have a USI as I have been unable to create my own USI. I hereby authorise Australian Institute of Digital Technology to apply for a USI to the Registrar on my behalf. Select One (1) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Medicare Card Registration By Descent Outing Australian Passport Citizenship Certificate Visa (With Non-Australian Passport) Immicard Document Identification Number Town/ City of Birth Country in Which You Are Studying Town/ City of Birth										lete the r	require	d details)				
Select One (1) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents) Driver's Licence (Australia)	1		I have a USI and authorise the Institute to verify my USI							USIN	lumber	:				
Select One (1) of the following forms of Personal Identification to support your application (must tick one) and attach a copy of the selected documents) Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Medicare Card Registration By Descent Australian Passport Citizenship Certificate Visa (With Non-Australian Passport) Immicard Document Identification Number Town/ City of Birth			· ·							I. I hereb	y auth	orise Austi	alian Institut	e of Dig	ital Techn	ology
Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Medicare Card Registration By Descent Visa (With Non-Australian Passport) Immicard Immicard Document Identification Number Town/ City of Birth Town		ш	to ap	ply for a USI	to the Reg	istrar o	n my behal	f.								
Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Medicare Card Registration By Descent Visa (With Non-Australian Passport) Immicard Immicard Document Identification Number Town/ City of Birth Town	Select One (1) of the following forms of Personal															
Driver's Licence (Australia) Birth Certificate (Australian) Certificate of Medicare Card Registration By Descent Citizenship Certificate Immicard Document Identification Number Country of Birth Town/ City of Birth Town/ City of Birth	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1															
Medicare Card																
Australian Passport Citizenship Certificate Visa (With Non-Australian Passport) Immicard Document Identification Number Country of Birth Town/ City of Birth		Driver's	Licenc	e (Australia)						Birth C	ertifica	te (Austral	an) Certificat	e of		
Visa (With Non-Australian Passport) Immicard Document Identification Number Country of Birth Country in Which You Are Studying Town/ City of Birth		Medica	re Card							Registration By Descent						
Document Identification Number Country of Birth Country in Which You Are Studying Town/ City of Birth		Austral	Australian Passport							Citizen	ship Ce	rtificate				
Country of Birth Country in Which You Are Studying Town/ City of Birth		Visa (W	ith Non	-Australian I	Passport)					Immica	ard					
Country of Birth Country in Which You Are Studying Town/ City of Birth	_								_	1						
Country in Which You Are Studying Town/ City of Birth	Document identification number															
Towny City of Birth	Country of Birth															
Towny City of Birth	Countr	v in Whic	h You A	re Studvina						j						
Signature: Date:		,								lown/ C	orty of E	oirtn				
Signature: Date:																
Signature: Date:																
	Signat	ture:										Date				