

USI DISCLOSURE FORM



Please return this completed form to **4 Up Skilling Pty Ltd, 14 Binney St Euroa, Victoria 3666**, or email to slister@4upskilling.com.au. Under government legislation, students must provide their training provider with a Unique Student Identifier (USI). Training providers are required to report unit & course completion for all students using this USI. A qualification certificate cannot be issued to students unless a USI is known. For students who do not have a USI, training providers can apply for a USI on your behalf. If you would like **4 Up Skilling** to apply for a USI on your behalf, you must authorise us to do so. You must also provide the additional information below to ensure we have a USI on file for you.

Personal details (Please write your name including any middle names exactly as written on your identity documents you are using for this purpose, below.)

First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		
Address		
<input type="text"/>		

Unique Student Identifier Application - Additional information is only required if you do not already have a USI. Please supply the following information:

City/Town of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
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Identification - Please provide details of **ONE** of the following document:

1. Australian Driver's License No.	Issuing State:
2. Medicare Card No.	Individual reference No: _____ Exp. date: _____ Card colour:
3. Australian Passport No.	4. Immi Card No.
5. Certificate of Registration by Descent:	Date:
6. Citizenship Certificate No.	Acquisition Date:
7. Australian Birth Certificate	Issuing State:
8. Non-Australian Passport (with VISA) No.	Country of issue:

In accordance with section 11 of the *Student Identifiers Act 2014*, **4 Up Skilling Pty Ltd** will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

I [STUDENT NAME], authorize **4 Up Skilling Pty Ltd** 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 pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

I understand that this information will be used to obtain a Unique Student Identifier for me which is required to issue my certificate for the qualification & enables the RTO to report my progress & completion of the course.

STUDENT SIGNATURE: [DATE]

If under 18 PARENTAL SIGNATURE: