

Form

EVIDENCE OF IDENTITY: Aboriginal and/or Torres Strait Islander Peoples

ABOUT THIS FORM	
When to use this form (USI account holders or students seeking a USI)	<p>This form can only be used if the student/USI account holder is an Aboriginal and/or Torres Strait Islander Person; and does not have access to verifiable identity documents to action the following:</p> <ul style="list-style-type: none"> • create a USI • find/verify a USI • update name (first name/last name/single name) • update date of birth • get a copy of the USI authenticated VET transcript.
USI Privacy Notice	<p>Your personal information is protected by law including under the Privacy Act 1988 and the Australian Privacy Principles.</p> <p>In accordance with the Privacy Act and the Australian Privacy Principles, we request your personal information to facilitate another person or an organisation communicating with us on your behalf. If you do not provide the requested information, your nominated representative will not be able to do that.</p> <p>Your personal information may be used by the USI team or disclosed to other parties with your consent or where otherwise permitted by the <i>Privacy Act 1988</i>. If the person or organisation you nominate is overseas, we may disclose your personal information to them.</p> <p>Our privacy policy provides details of how you may seek to access and correct your personal information and lodge a complaint about a breach of your privacy.</p>
Witness	<p>The witness of this form must:</p> <ul style="list-style-type: none"> • complete the 'Witness DETAILS & DECLARATION' section • arrange for the education or training provider to give the student a copy of the USI terms and conditions and privacy notice • meet one of the following categories: <ul style="list-style-type: none"> ○ Aboriginal or Torres Strait Islander community support person ○ Aboriginal or Torres Strait Islander community Elder ○ Chairperson, Secretary or CEO of an incorporated Aboriginal or Torres Strait Islander corporation ○ School principal ○ School administrator/counsellor ○ Treating health professional or manager in Aboriginal or Torres Strait Islander medical services ○ Community development provider ○ Workforce Australia provider ○ Ranger Coordinator

Form

EVIDENCE OF IDENTITY: Aboriginal and/or Torres Strait Islander Peoples

ABOUT THIS FORM

Completing and processing this form

Student/USI account holders:

Must complete, sign, and date the 'DETAILS: student/USI account holder' & 'DECLARATION: Student/USI account holder' sections.

Education or training providers:

- Arrange for the student to complete the form.
- Use the form to perform all usual provider functions – this includes creating a new USI using the form as an identity document via the [Document Verification Service \(DVS\) Override](#) process.

NOTE: where a USI cannot be verified, or the provider does not have DVS Override access to create a new USI, see section below 'When to send this form to the OSIR'.

Check the following is completed:

- all mandatory questions marked with an asterisk (*) are answered
- nominated contact details to be recorded on the USI account
- both the student and the witness have signed the form
- the form has been signed and witnessed within 30 days of submission
- please use block letters in black or blue pen.

When to send this form to the OSIR:

The Office of the Student Identifiers Registrar (OSIR) will only accept this form from the *education or training provider* where a student has an existing USI to:

- verify a USI where multiple records match the student's information
- update the account holder's name (first name/last name/single name)
- update the account holder's date of birth
- get a copy of the account holder's USI authenticated VET transcript.

The provider is to forward the completed form to Forms@usi.gov.au:

- include the Registered Training Organisation (RTO) or VET Admissions Body (VAB) code in the body of the email
- reason why the form is being sent to the OSIR for processing.

If an existing USI is located, the OSIR will send a copy of the student's verified USI (and, if requested, USI authenticated VET transcript) to the education or training provider. Please add the provider's email address on page 5 and allow 10 business days for processing.

Form

EVIDENCE OF IDENTITY: Aboriginal and/or Torres Strait Islander Peoples

DETAILS: Student/USI account holder

IMPORTANT: For this form to be accepted, all questions marked with an asterisk (*) are mandatory.

1. Your Unique Student Identifier (USI number) if known:

2. Your Name *

First Name: *

Middle Name(s):

Last Name: *

OR I am known by one name only:

3. Have you been known by any other names?

(e.g., name at birth, name before marriage, previous married name, Aboriginal or skin name, adoptive or foster name)

4. Your date of birth * (DD/MM/YYYY)

5. Your gender *

 / /

Male Female X (indeterminate/intersex/unspecified)

6. Your place of birth * (community or town/city)

7. Provide or update contact details *

- We require at least one **CURRENT** contact detail to be recorded in a USI account (this information will be used to confirm your identity when accessing your USI account).
- When providing **CURRENT** contact details for your USI account, please do not use a shared email or mobile that does not belong to you.
- Please also provide any **PREVIOUS** contact details (this is required to search for an existing USI account).

Mobile number:	CURRENT:	Email address:	CURRENT:
	PREVIOUS:		PREVIOUS:
Home phone number:	CURRENT:	Address:	CURRENT:
	PREVIOUS:		PREVIOUS:

Form

EVIDENCE OF IDENTITY: Aboriginal and/or Torres Strait Islander Peoples

DECLARATION: Student/USI account holder

IMPORTANT: For this form to be accepted, all questions marked with an asterisk (*) are mandatory.

8. Permission type *

I, the student/USI account holder, for the purpose of this form give consent to the 'witness' to (select all that apply):

- Create a USI/find and verify my USI
- Update personal and contact details on my USI account on my behalf
- Obtain a copy of my USI authenticated VET transcript

9. Request to update your name or date of birth

At questions 2 and 4 above, please provide the name and date of birth CURRENTLY recorded on the USI account; and write below the amended personal details you want updated on your USI account.

UPDATED PERSONAL DETAILS:

10. Student/USI account holder declaration *

IMPORTANT: You must write your name, sign, and date this section.

I declare:

- The information provided by me on this form is true and correct.
- I have given authority for the 'witness' listed to act on my behalf for the purpose of this form (**question 8**).
- I agree for the CURRENT contact details to be recorded on my USI account (**question 7**).
- I agree for my personal details to be updated (if applicable) on my USI account (**question 9**).
- I agree with the USI terms and conditions and have been issued a Privacy Notice by the education or training provider.
- I have read and understand the USI Privacy Notice (**page 1**).
- I understand giving false or misleading information is a serious offence.

Student/USI account holder full name: *

Student/USI account holder signature: *

Date signed: *
(DD/MM/YYYY)

Form

EVIDENCE OF IDENTITY: Aboriginal and/or Torres Strait Islander Peoples

Witness DETAILS & DECLARATION

IMPORTANT: For this form to be accepted, all questions marked with an asterisk (*) are mandatory.

1. Witness Details *

Witness type (refer to page 1) *

Witness full name: *

Witness contact details: *

Organisation name:

Organisation ABN:

Provider name & code (where student is enrolling): *

Provider email (verified USI & transcript will be sent here): *

2. Witness Declaration *

IMPORTANT: You must write your name, sign, and date this section.

I declare:

- The information provided by me on this form about my identity is true and correct.
- I know the individual named on this form and they identify as Aboriginal and/or Torres Strait Islander.
- I have read and understand the USI Privacy Notice (page 1).
- I understand giving false or misleading information is a serious offence.
- I understand any information I may obtain under this arrangement may be protected under Commonwealth legislation. I agree to use or disclose this information only as authorised by the student/USI account holder.
- I will ensure any record of the student's USI is always kept safe and will not be shared with anyone unless authorised to do so; and I will destroy all copies of this form in accordance with S11(1) of the [Student Identifiers Act 2014](#).

Witness full name: *

Witness signature: *

Date signed: *
(DD/MM/YYYY)