

## Form

# Aboriginal and/or Torres Strait Islander Peoples Evidence of Identity form

About this form	
<p><b>When to use this form</b></p>	<p>Use this form to provide confirmation of your identity if you are an Aboriginal and/or Torres Strait Islander student who has insufficient <a href="#">identity documents</a> available to:</p> <ul style="list-style-type: none"> <li>• create a USI</li> <li>• find/verify a USI</li> <li>• update name (first name/last name/single name)</li> <li>• update date of birth</li> <li>• update contact details</li> <li>• obtain a copy of a VET transcript</li> <li>• give authority to a nominated representative to act on the student's behalf.</li> </ul> <p>Your verified USI number will be provided to your nominated representative.</p>
<p><b>Returning this form</b></p>	<p><b>Returning this form</b> Check that all required questions are answered, and the form is signed and dated by the student and the nominated representative.</p> <p><b>By email:</b> <a href="mailto:forms@usi.gov.au">forms@usi.gov.au</a> <b>By post:</b> Office of the Student Identifiers Registrar, PO Box 9880, Adelaide SA 5001</p> <p>We require pages 2, 3 &amp; 4 to be completed and returned to action the request.</p>
<p><b>Nominated representative</b></p>	<p>Your nominated representative will complete the 'Representative Details &amp; Declaration' (page 4).</p> <p>A nominated representative must meet one of the following categories:</p> <ul style="list-style-type: none"> <li>• Aboriginal or Torres Strait Islander community support person</li> <li>• Aboriginal or Torres Strait Islander community elder</li> <li>• Chairperson, Secretary or CEO of an incorporated Aboriginal or Torres Strait Islander corporation</li> <li>• School principal</li> <li>• School administrator/counsellor</li> <li>• Treating health professional or manager in Aboriginal or Torres Strait Islander medical services</li> <li>• Community Development Provider (job network provider).</li> </ul>
<p><b>Sending a copy of your VET transcript &amp; setting up third party authority</b></p>	<p>You have the option to send a copy of your VET transcript to your nominated representative and/or set up third party authority (TPA) for your nominated representative to act on your behalf.</p> <p>If you wish to have your VET transcript sent, or third party authority added to your account, complete questions 10 &amp; 11 (page 3) of the 'Student Details and Declaration' and have your nominated representative complete the 'Representative Details &amp; Declaration' (page 4).</p> <p><b>If you do not give your nominated representative the authority to act on your behalf, they cannot make enquiries unless you are with them and we are able to get verbal consent from you.</b></p>
<p><b>Privacy Notice</b></p>	<p>Your personal information is protected by law including under the <i>Privacy Act 1988 (Cth)</i> and the Australian Privacy Principles.</p> <p>The Office of the Student Identifiers Registrar's (OSIR) 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> <p>A copy of our privacy policy can be accessed on our website at: <a href="http://usi.gov.au/documents/privacy-policy">usi.gov.au/documents/privacy-policy</a></p>

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### Student Details

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

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

(do not complete if this form is being submitted to create a USI)

**2. Your Name \***

First Name: \*

Middle Name(s):

Last Name: \*

OR I am known as One Name Only:

**3. Have you ever been known by another other names?**

(Other names: name at birth / name before marriage / previous married name / Aboriginal or skin name / alias / adoptive or foster name)

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

**5. Your gender\***

Male  Female  Other/Prefer not to say

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

**7. I am seeking to\* (please select any relevant options)**

Create a USI

Provide or update contact details

Find/ verify my USI

Obtain a copy of my VET transcript

Update name or date of birth

Set up third party authority

**8. Requesting to update your name or date of birth**

(Please provide the name or date of birth you want to appear on your USI account) \*

**9. Providing or updating contact details \***

(Please provide contact details you wish to appear on your USI account. We require at least one contact detail)

Mobile Number:

Email address:

Home Phone Number:

Address:

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Student Declaration

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

**10. Send copy of my USI number and/or VET transcript \***

I, the student, for the purpose of this form give consent for: *(select all that apply)*

- A copy of my USI number to be provided to the nominated representative listed on this form.
- A copy of my VET transcript be sent to the nominated representative listed on this form.

**11. Setting up third party authority (TPA)**

I consent to the nominated representative listed on this form to be listed as a third party authority and be able to: *(select all that apply)*

- Make enquiries on my behalf
- Update personal details on my USI account on my behalf
- Obtain a copy of my VET transcript

I'd like to give them permission to act as my representative for: *(select one)*

TPA for a set period of time: DD/MM/YYYY TO DD/MM/YYYY

Ongoing TPA: DD/MM/YYYY TO ONGOING

**12. Student declaration \***

(Please tick all boxes to indicate you have read and agree to the terms, and sign the document below)

**I declare that:**

- the information provided by me on this form about my identity is true and correct
- I identify as an Aboriginal and/or Torres Strait Islander person
- I do not have/cannot access standard forms of verifiable identity
- I have given authority for my nominated representative to act on my behalf for this interaction and the nominated period (if applicable).

**I understand:**

- OSIR's privacy notice (page 1)
- I can cancel this authority with the OSIR at any time
- giving false or misleading information is a serious offence.

Student's signature:

Student Name:

Date signed:

(DD/MM/YYYY)

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### Representative Details & Declaration

**IMPORTANT:** A copy of the verified USI along with the student's VET Transcript and/or third party authority details (both optional) will be provided to the nominated representative via email.

#### 1. Representative Type \*

(Please select and complete the following option relevant to the representative or the representative's organisation)

Nominated representative details (Individual)

OR

Nominated representative details (organisation)

#### 2. Representative Details \*

(If you represent an organisation as a nominated representative, you must provide the organisation's name and ABN) \*

Representative Full Name: \*

Organisation Name:

Organisation ABN:

Email address: \*

Contact number: \*

Postal/street address:

#### 3. Representative Declaration \*

(Please tick all boxes to indicate you have read and agree to the terms, and sign the document below)

##### I declare about myself that:

the information provided by me on this form about my identity is true and correct.

##### I declare about student that:

I know the individual named on this form personally

I will act as the nominated representative for the individual named on this form for the nominated period (if applicable).

##### I understand:

- OSIR's Privacy Policy (see page 1)
- giving false or misleading information in relation to a USI account is a serious offence under Division 137 of the Criminal Code Act 1995
- 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 (their parent, guardian or current holder of Enduring Power of Attorney)
- the student can revoke this authority at any time (unless it is made under guardianship order or arrangement)
- upon contacting the OSIR, I will be required to confirm my identity prior to being able to make enquiries or update the student's personal details
- I will ensure that any record of the student's USI is always kept safe and will not be shared with anyone else unless authorised to do so
- the authority the student has provided may be revoked or suspended by the OSIR if I misuse the authority.

Representative signature:

Representative Name:

Date signed:

(DD/MM/YYYY)