



Form

Third party authority

About this form	
When to use this form	<p>To provide another person or organisation with authority to communicate with the Office of the Student Identifiers Registrar (OSIR) on your behalf to make enquiries or update your personal details on your Unique Student Identifier (USI) account, either by phone or in writing ('authority').</p> <ul style="list-style-type: none"> • If you are the parent or legal guardian of a child under 15 years of age, this form is not applicable. Parents/guardians of children under 15 have an automatic right to contact the OSIR on behalf of that individual, subject to passing proof of identity requirements. • This form can only be used to give authority to one person or organisation. If you would like to give authority to more than one person, you will need to submit separate forms for each.
Returning this form	<p>Returning this form Check that all required questions are answered, and the form is signed and dated by the USI account holder and the nominated representative.</p> <p>By email: forms@usi.gov.au By post: Office of the Student Identifiers Registrar, PO Box 9880, Adelaide SA 5001</p> <p>We require pages 2, 3 & 4 to be completed and returned to action the request. We require page 5 is to be completed if the USI account holder is unable to sign this form due to incapacity.</p>
Student Declaration	You are required to complete 'USI Account Holder Details & Declaration' (page 2 & 3) of this form.
Nominated representative Declaration	<p>The person or organisation you are granting third party authority to is required to complete the 'Representative Details & Declaration' (page 4).</p> <p>If the account holder requires the form to be signed by an authorised person or organisation due to incapacity, the representative needs to complete page 5.</p>
Important Information	<p>It is important you understand that providing authority to another person or organisation will mean that your nominated representative will have the authority to:</p> <ul style="list-style-type: none"> • obtain your USI number • make enquiries on your behalf • update personal and contact details on your behalf • obtain a copy of your VET transcript. <p>We may ask you to review your authority from time to time to ensure the arrangement is still suitable. If you think your authority is being misused, it is important you contact us.</p>
End or Change your TPA	<p>You can specify a time limit that you would like to apply to your authority, and you can modify or cancel your authority at any time.</p> <ul style="list-style-type: none"> • To modify an existing authority, complete a new version of this 'Third party authority' form. • To end/cancel an existing authority, complete a 'Cancellation of third party authority' form.
Privacy Notice	<p>Your personal information is protected by law including under the <i>Privacy Act 1988 (Cth)</i> and the Australian Privacy Principles. Your personal information is being collected by the OSIR to facilitate another person or an organisation communicating with the OSIR 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 OSIR 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, the OSIR may disclose your personal information to them.</p> <p>The OSIR's 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. A copy of our privacy policy can be accessed on our website at: www.usi.gov.au/documents/privacy-policy</p>



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USI Account Holder 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:

[Text input field for USI number]

(leave blank if you do not know your USI number)

2. Your Name*

First Name: *

[Text input field for first name]

Middle Name(s):

[Text input field for middle name(s)]

Last Name: *

[Text input field for last name]

OR I am known by one name only:

[Text input field for one name only]

3. Have you ever been known by any other names?

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

[Text input field for other names]

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

[Date input field with slashes]

5. Your gender *

Male Female Other/prefer not to say

6. Your country and town/city of birth * (we require both to confirm a USI account)

Country:

[Text input field for country]

City or Town:

[Text input field for city or town]

7. Providing contact details*

(please provide contact details to assist us in locating your USI account)

Mobile Number:

Email address:

Home Phone Number:

Address:

Note: If we are unable to establish a direct match of your personal details, we will contact you by phone or email to confirm your information.

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USI Account Holder Declaration

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

8. Set up Third Party Authority *

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 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

What is your relationship to the person or organisation you are giving authority to?

- | | |
|---|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Solicitor |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Training Provider |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other |

9. USI account holder declaration *

IMPORTANT: if the USI account holder is unable to sign this form due to incapacity to provide authority, a third party may sign the declaration on their behalf, go to page 5.

(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 have given authority for my nominated representative to act on my behalf for this interaction and the nominated period.

I understand:

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

USI account holder's signature:

USI account holder Name:

Date signed:

(DD/MM/YYYY)

Form

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Representative Details & Declaration			
1. Representative Type *			
(Please select and complete the following option relevant to the representative or the representative's organisation)			
<input type="checkbox"/> Nominated representative details (Individual)		OR	<input type="checkbox"/> Nominated representative details (organisation)
2. Representative Details *			
(if you represent an organisation as a nominated representative, you must provide the organisation 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)			
<p>I declare about myself that:</p> <p><input type="checkbox"/> the information provided by me on this form about my identity is true and correct.</p> <p>I declare about the USI account holder that:</p> <p><input type="checkbox"/> I know the individual named on this form personally.</p> <p><input type="checkbox"/> I will act as the nominated representative for the individual named on this form for the nominated period (if applicable).</p> <p>I understand:</p> <ul style="list-style-type: none"> the OSIR's Privacy Policy (page one) 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 USI account holder (their parent, guardian or current holder of Enduring Power of Attorney) the USI account holder 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 USI account holder's personal details I will ensure that any record of the USI account holder's USI is always kept safe and will not be shared with anyone else unless authorised to do so the authority the USI account holder has provided may be revoked or suspended by the OSIR if I misuse the authority. 			
Representative signature:			
Representative Name:		Date signed:	(DD/MM/YYYY)

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Declaration by Authorised third party due to incapacity

IMPORTANT: If the USI account holder is unable to sign this form due to incapacity to provide authority, a third party may sign the declaration on their behalf. **The OSIR require certified copies of documents, and these must be submitted with the TPA form.**

1. Representative Type *

A current Enduring Power of Attorney OR Appointed under a current guardianship order or arrangement

2. Representative Details *

(if you represent an organisation as a nominated representative, you must provide the organisation name and ABN) *

Representative Full Name: *

Organisation Name:

Organisation ABN:

Email address: *

Contact number: *

Postal/street address:

2. Enduring Power of Attorney or Guardian 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 the USI account holder that:

I know the individual named on this form personally and they do not have capacity to sign the form themselves.

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

I understand:

- the OSIR's Privacy Policy (page one)
- 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 USI account holder (their parent, guardian or current holder of Enduring Power of Attorney)
- the USI account holder 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 USI account holder's personal details
- I will ensure that any record of the USI account holder's USI is kept safe at all times and will not be shared with anyone else unless authorised to do so
- the authority the USI account holder has provided may be revoked or suspended by the OSIR if I misuse the authority.

Representative signature:

Representative Name:

Date signed:

(DD/MM/YYYY)