

Form

Authorised representative form

| ABOUT THIS FORM | |
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| When to use this form (USI account holders) | <p>To give authority to another individual or organisation (each individual/organisation must submit a separate form to request access) to be your representative to communicate with the USI team on your behalf.</p> <p>Both the USI account holder and the authorised representative must complete this form.</p> |
| Authorised Representative | <p>An authorised representative can:</p> <ul style="list-style-type: none"> request your Unique Student Identifier (USI) number make enquiries about your USI account update your personal or contact details in your USI account get a copy of your USI authenticated VET transcript. <p>Parents/guardians of children under 15 do not need to complete this form as they have an automatic right to contact the USI team on behalf of the under 15-year-old, subject to passing proof of identity requirements.</p> |
| 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, the OSIR 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> |
| USI account holder declaration | You must complete the DETAILS: USI account holder and DECLARATION: USI account Holder section of this form. |
| Authorised representative declaration | The person or organisation who is authorised to represent the USI account holder must complete the Authorised representative DETAILS & DECLARATION section of this form. |
| Authorised representative (due to incapacity) declaration | If the USI account holder cannot sign this form due to incapacity, the authorised representative must complete the Declaration: Power of Attorney section. |

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| | Certified copies of documents demonstrating the representative's authority powers must be submitted with this form. |
| End or change your authorised representative | <p>You can specify a time limit that you would like to apply to your authorised representative, 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 'Authorised representative form'. To cancel an existing authority, complete a 'Cancellation of authorised representative form'. <p>All forms are on our website: Forms Unique Student Identifier (usi.gov.au).</p> |
| <p>Completing and returning this form</p> <p>Please allow 10 business days for processing</p> | <p>Check the following is completed:</p> <ul style="list-style-type: none"> all mandatory questions marked with an asterisk (*) are answered both the USI account holder and the authorised representative 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. <p>Returning this form:</p> <p>Email: Forms@usi.gov.au</p> <p>Post: Student Identifiers Registrar PO Box 9828 Adelaide SA 5001</p> |

| DETAILS: 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: | |
| <input type="text"/> | |
| 2. Your name* | |
| First name: * | <input type="text"/> |
| Middle name(s): | <input type="text"/> |
| Last/Family name: * | <input type="text"/> |

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| DETAILS: USI account holder | | | |
|--|----------------------|---|----------------------|
| 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 * | |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (indeterminate/intersex/unspecified) | |
| 6. Your country and town/city of birth * (we require both to confirm a USI account) | | | |
| Country of birth: * | <input type="text"/> | Town/city of birth: * | <input type="text"/> |
| 7. Contact details* | | | |
| Please provide at least 2 contact details recorded on your USI account to assist us in locating your USI. If we cannot establish a direct match of your personal/contact details, we will contact you by phone or email to confirm. | | | |
| Mobile number: | <input type="text"/> | Email address: | <input type="text"/> |
| Home phone number: | <input type="text"/> | Address: | <input type="text"/> |

| DECLARATION: USI account holder | | | |
|---|---------------------------------|----|---------------------------------|
| IMPORTANT: For this form to be accepted, all questions marked with an asterisk (*) are mandatory. | | | |
| 8. Permission type * | | | |
| I authorise the person/organisation listed on this form to represent me and be able to (select all that apply): | | | |
| <input type="checkbox"/> Make enquiries on my behalf <input type="checkbox"/> Update personal and contact details on USI account on my behalf <input type="checkbox"/> Obtain a copy of my USI authenticated VET transcript | | | |
| 9. Permission period * | | | |
| Please specify the period you authorise the person/organisation to act as your representative (select one): | | | |
| <input type="checkbox"/> A set period of time: | <input type="text"/> DD/MM/YYYY | TO | <input type="text"/> DD/MM/YYYY |
| <input type="checkbox"/> Ongoing: | <input type="text"/> DD/MM/YYYY | TO | ONGOING |

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DECLARATION: USI account holder

10. What is your relationship to the person/organisation you are giving authorisation to?

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Parent/guardian | <input type="checkbox"/> Child | <input type="checkbox"/> Training provider |
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Solicitor | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Sibling/family member | <input type="checkbox"/> Employer | <input type="checkbox"/> Other: _____ |

11. USI account holder declaration *

IMPORTANT: If the USI account holder is unable to sign this form due to incapacity to provide authority, an authorised representative may sign the declaration on their behalf, (refer to **Declaration: Power of Attorney**).

I declare:

- The information provided by me on this form is true and correct.
- I have given authority for the authorised representative listed to act on my behalf for the nominated period.
- I have read and understood the USI Privacy Notice (page 1).
- I understand giving false or misleading information is a serious offence.

USI account holder name: *

USI account holder signature: *

Date signed: *
(DD/MM/YYYY)

Authorised representative DETAILS & DECLARATION

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

1. Authorised representative type *

- | | | |
|---|----|---|
| <input type="checkbox"/> INDIVIDUAL authorised representative | OR | <input type="checkbox"/> ORGANISATION authorised representative |
|---|----|---|

2. Authorised representative details *

IMPORTANT: If the authorised representative is an organisation, the organisation name, address, and ABN must be provided

Representative full name: *

Email address *

Contact number *

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| Authorised representative DETAILS & DECLARATION | | | |
|---|--|---------------------------------------|--|
| Date of Birth * (INDIVIDUAL representative only) | | | |
| Organisation name * (ORGANISATION representative only) | | | |
| Organisation ABN * (ORGANISATION representative only) | | | |
| Address * (ORGANISATION representative only) | | | |
| 3. Authorised representative declaration * The authorised representative must write their name, sign, and date this section of the form | | | |
| <p>I declare about myself that:</p> <ul style="list-style-type: none"> the information provided by me on this form about my identity is true and correct. <p>I declare about the USI account holder that:</p> <ul style="list-style-type: none"> I know the individual named on this form personally I will act as the authorised representative for the individual named on this form for the nominated period. <p>I understand:</p> <ul style="list-style-type: none"> The USI Privacy Notice (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 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 USI team, 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 Student Identifiers Registrar if I misuse the authority. | | | |
| Authorised Representative name: * | | | |
| Authorised representative signature: * | | Date signed: * (DD/MM/YYYY) | |

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Authorised representative form

DECLARATION: Power of Attorney

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

IMPORTANT: If the USI account holder is unable to sign this form due to incapacity to provide authority, an authorised representative may sign the declaration on their behalf.

We require **certified copies of documents** demonstrating the authority powers which **must** be submitted with this form.

1. Authorised representative type *

A current Enduring Power of Attorney

OR

Appointed under a current guardianship order or arrangement

2. Authorised representative details *

IMPORTANT: If the authorised representative is an organisation, the organisation name, address, and ABN must be provided

Representative full name: *

Email address *

Contact number *

Date of Birth *

(INDIVIDUAL representative only)

Organisation name *

(ORGANISATION representative only)

Organisation ABN *

(ORGANISATION representative only)

Address *

(ORGANISATION representative only)

3. Enduring Power of Attorney or Guardian declaration *

The authorised representative must write their name, sign, and date this section of the form

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 authorised representative for the individual named on this form for the nominated period (if applicable).

I understand:

- the USI Privacy Policy (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

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Authorised representative form

DECLARATION: Power of Attorney

- 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 USI team, 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 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 Student Identifiers Registrar if I misuse the authority.

| | | | |
|---|--|---------------------------------------|--|
| Authorised Representative name: * | | | |
| Authorised representative signature: * | | Date signed: * (DD/MM/YYYY) | |

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