

Evidence of Identity form

Aboriginal and/or Torres Strait Islander Peoples

About this form

(USI account holders or students seeking a USI)

This form is for a student/USI account holder who is an Aboriginal and/or Torres Strait Islander Person and **does not** have access to online services or verifiable [identity documents](#).

This form can be used to action the following:

- create a USI
- find/verify a USI
- update personal and contact details
- get a copy of their [USI VET transcript](#).

NOTE: When a name or date of birth has previously been confirmed online with a verifiable form of identification, it cannot be updated with this form.

USI Privacy Notice

Your personal information is protected by law including under the [Privacy Act 1988](#) and the [Australian Privacy Principles](#).

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.

Your personal information may be used by the USI team or disclosed to other parties with your consent or where otherwise permitted by the *Privacy Act 1988*. If the person or organisation you nominate is overseas, we may disclose your personal information to them.

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.

More information is available at www.usi.gov.au/about-us/privacy

Witness

The witness of this form must:

- complete the 'Witness details and declaration' section
- arrange for the education or training provider to give the student a copy of the USI [terms and conditions and privacy notice](#)

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- meet one of the following categories
 - 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 (A Ranger Coordinator assisting and supervising an Aboriginal and/or Torres Strait Islander person and who is responsible for undertaking a mix of fieldwork, community engagement, and environmental education activities, all aimed at preserving unique ecosystems across both land and marine environments).

Completing and processing this form

Student/USI account holders

Must complete, sign and date the 'Student/USI account holder details and declaration' 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 Override (DVSO) Process. See our [Provider guide](#) for information on DVSO.

NOTE: where a USI cannot be verified, or the provider does not have DVSO access to create a new USI, see the 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.

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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 VET transcript.

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

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

The OSIR will use this form to conduct searches for an existing account, if an existing account is located the information will be used to conduct a proof of identity, if identity is not able to be verified, the form will be returned to the sender to gain more information.

If an existing USI is located, the OSIR will send a copy of the student's verified USI (and, if requested, USI VET transcript) to the education or training provider. Please add the provider's email address on page 8 and allow **10 business days** for processing.

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Student/USI account holder details and declaration

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 *	List your full name in the fields below.
a. First/given name *	
b. Middle name(s)	
c. Family/last name *	
d. OR 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="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (indeterminate/intersex/unspecified)
6. Your place of birth * (community or town/city)	

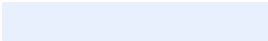
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7. Current contact details	<p>We require at least 2 current contact details to be recorded in a USI account (this information will be used to confirm your identity when accessing your USI account).</p> <p>When providing current contact details for your USI account, please do not use a shared email or mobile that does not belong to you.</p>
a. Mobile number	
b. Email address	
c. Home phone number	
d. Address	
8. Previous contact details	<p>Please also provide any previous contact details (this is required to search for an existing USI account).</p>
a. Mobile number	
b. Email address	
c. Home phone number	
d. Address	

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9. Witness permission*	Select from the options below the permission you would like to provide to your witness.
a. Do you give authority for the 'witness' to create or verify a USI on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If an existing USI is located, do you give permission for the 'witness' to make changes to your account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. 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.	
d. USI VET transcript Witness to act on my behalf to obtain a copy of my USI authenticated VET transcript (if existing).	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>10. Declaration</p>	<p>I declare:</p> <ul style="list-style-type: none"> • 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 9). • 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. • I understand this form is valid for 30 days from the date signed.
<p>11. Student/USI account holder full name *</p>	
<p>12. Student/USI account holder signature *</p>	
<p>13. Date signed * (DD/MM/YYYY)</p>	

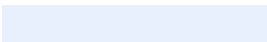
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Witness details and declaration

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

1. Witness details *	Complete the fields below with the appropriate witness contact details.
a. Witness type (refer to page 1) *	<input type="checkbox"/> Aboriginal or Torres Strait Islander community support person <input type="checkbox"/> Aboriginal or Torres Strait Islander community Elder <input type="checkbox"/> Chairperson, Secretary or CEO of an incorporated Aboriginal or Torres Strait Islander corporation <input type="checkbox"/> School principal <input type="checkbox"/> School administrator/counsellor <input type="checkbox"/> Treating health professional or manager in Aboriginal or Torres Strait Islander medical services <input type="checkbox"/> Community development provider <input type="checkbox"/> Workforce Australia provider <input type="checkbox"/> Ranger Coordinator
b. Witness full name *	
c. Witness contact details *	
d. Organisation name	
e. Organisation ABN	
f. Provider name and code (where student is enrolling) *	
g. Provider email (verified USI and transcript will be sent here) *	

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<p>2. Checks to be completed by education or training provider, before sending completed form to OSIR.</p>	<p><input type="checkbox"/> USI has been attempted to be verified or created by provider.</p> <p><input type="checkbox"/> There are updates required to the USI account name or date of birth.</p> <p><input type="checkbox"/> A copy of current USI VET transcript is required.</p>
<p>3. Witness declaration</p>	<p>I declare:</p> <ul style="list-style-type: none"> 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.
<p>a. Witness full name *</p>	
<p>b. Witness signature *</p>	
<p>c. Date signed * (DD/MM/YYYY)</p>	