

# Evidence of Identity form

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## First Nations Peoples

### Who can complete this form

An Aboriginal and/or Torres Strait Islander person who **does not** have access to online services or verifiable [identity documents](#) and is undertaking nationally recognised training.

### Education or training providers

Education or training providers can arrange for the student to complete the form.

### When to use this form

This form can be used to :

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

If an education or training provider is creating a USI, use our [Provider guide](#) for how to use this form as an identity document with the Document Verification Service Override (DVSO) process.

### Submitting this form

This form can be sent to the USI team if:

- a USI cannot be verified
- the provider requires support to access DVSO to create a USI
- the USI account holder's name (first name/last name/single name), date of birth or other contact details need updating
- a copy of the account holder's USI VET transcript is required.

If you are submitting this form to the USI team, you must do so **within 30 days** of a student and witness signing the form.

Email the completed form to [forms@usi.gov.au](mailto:forms@usi.gov.au) and in the body of the email include:

- the Registered Training Organisation (RTO) or VET Admissions Body (VAB) code
- what you need USI team to assist with.

Please allow **10 business days** for processing by USI team. Responses will be provided to the provider email address included on this form.

## Student/USI account holder details and declaration

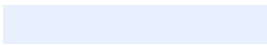
### Filling in this form:

- all questions marked with an asterisk (\*) are mandatory
- if you have a printed form, print in BLOCK LETTERS using a blue or black pen.

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. <b>OR</b> 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)	

7. Current contact details*	Provide at least 2 current contact details for your USI account (this information will be used to confirm your identity when accessing your USI account). Do not use a shared email address or mobile that does not belong to you.
a. Mobile number	
b. Email address	
c. Home phone number	
d. Address	
8. Previous contact details	List below any previous contact details (this is required to search for an existing USI account).
a. Mobile number	
b. Email address	
c. Home phone number	
d. Address	
9. Witness permission*	Select from the options below the permission you would like to provide to your witness.
a. Do you authorise for the 'witness' to create or verify a USI on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>b. If an existing USI is located, do you give permission for the 'witness' to make changes to your account?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>c. Request to update your name or date of birth</p> <p>At questions 2 and 4 above, state the name and date of birth currently recorded on the USI account.</p> <p>Write here the update personal details you want on your USI account.</p>	
<p>d. USI VET transcript</p> <p>Witness to act on my behalf to obtain a copy of my USI VET transcript (if existing).</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>10. USI Privacy Notice</p>	<p>The privacy and security of your personal information is protected by law.</p> <p>We collect this information to facilitate an authorised third party to communicate with us on your behalf when managing your USI account. Without the requested personal information, your nominated representative will be unable to act on your behalf.</p> <p>We only share your information with other parties where you have agreed, or where the law allows or requires it.</p> <p>For more information, go to <a href="http://www.usi.gov.au/about-us/privacy">www.usi.gov.au/about-us/privacy</a></p>

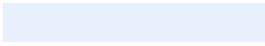
<p>11. Declaration</p>	<p><b>I declare:</b></p> <ul style="list-style-type: none"> <li>• The information provided by me on this form is true and correct.</li> <li>• I have given authority for the ‘witness’ listed to act on my behalf for the purpose of this form (question 9).</li> <li>• I agree for the current contact details to be recorded on my USI account (question 7).</li> <li>• I agree for my personal details to be updated (if applicable) on my USI account (question 9).</li> <li>• I agree with the USI terms and conditions and have been issued a Privacy Notice by the education or training provider.</li> </ul> <p>I have read and understand the <b>USI Privacy Notice</b> (question 10).</p> <ul style="list-style-type: none"> <li>• I understand giving false or misleading information is a serious offence.</li> <li>• I understand this form is valid for 30 days from the date signed.</li> </ul>
<p>12. Student/USI account holder full name *</p>	
<p>13. Student/USI account holder signature *</p>	
<p>14. Date signed * (DD/MM/YYYY)</p>	

## Witness details and declaration

### Filling in this form:

- all questions marked with an asterisk (\*)
- if you have a printed form, print in BLOCK LETTERS using a blue or black pen
- arrange for the education or training provider to give the student a copy of the USI [terms and conditions and privacy notice](#)
- witness must meet one of the witness type categories in question 1a.

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"/> Remote Australia Employment Service (RAES) Provider <input type="checkbox"/> Workforce Australia provider <input type="checkbox"/> Ranger Coordinator (field support supervisor)
b. Witness full name *	
c. Witness contact details *	
d. Organisation name	
e. Organisation ABN	
f. Provider name and code (where student is enrolling) *	

<p>g. Provider email (to receive verified USI and VET transcript details) *</p>	
<p>2. Checks to be completed by education or training provider, <b>before</b> sending completed form to USI team.</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><b>I declare:</b></p> <ul style="list-style-type: none"> <li>• The information provided by me on this form about my identity is true and correct.</li> <li>• I know the individual named on this form and they identify as Aboriginal and/or Torres Strait Islander.</li> <li>• I have read and understand the USI Privacy Notice (Student/USI account holder details and declaration Question 10).</li> <li>• I understand giving false or misleading information is a serious offence.</li> <li>• 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.</li> <li>• 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 <a href="#">Student Identifiers Act 2014</a>.</li> </ul>
<p>a. Witness full name *</p>	
<p>b. Witness signature *</p>	
<p>c. Date signed * (DD/MM/YYYY)</p>	