

THIRD PARTY AUTHORISATION**When to use
this form**

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').

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.

If you wish to provide Authority to an organisation, you must nominate one contact person from that organisation on this form, along with the name of the organisation.

**Stopping or
changing your
Authority**

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. To modify an existing Authority, complete a new version of this '**Authority to enquire or act on behalf**' form; to cancel an existing Authority, complete a '**Cancellation of Authority to enquire or act on behalf**' form.

**Important
information**

It is important you understand that providing Authority to another person or organisation will mean that:

- you will be disclosing your USI to the person or organisation,
- that person or organisation may make enquiries or update any of your personal details associated with your USI account, and
- the person you provide Authority to is required to conduct a proof of identity check about you and themselves when they contact OSIR which must exactly match the details submitted on this form.

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.

**Filling in this
form**

Filling in this form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- This form can only be used to give Authority to one person or organisation (specifying one contact person). If you would like to give Authority to more than one person, you will need to submit separate forms for each.
- You are required to complete questions 1-14 of this form; the person or contact person of the organisation you give Authority to must complete question 15.
- For assistance with this form, please phone **1300 857 536**; or refer to our website which includes options for people with a hearing or speech disability as well as details about translating and interpreting services: www.usi.gov.au
- Once complete, please return this form and any supporting documents to OSIR:

Email: businessstrategy@usi.gov.au

Post: Office of the Student Identifiers Registrar
PO Box 9880
Adelaide SA 5001

YOUR DETAILS & PRIVACY NOTICE

IMPORTANT: For this form to be accepted for processing, all questions are mandatory unless otherwise indicated on this form.

1a. Your Unique Student Identifier (if known)

Or

1b. Another form of proof of identity

- First/Given Name
- Middle Name (if applicable)
- Family/Last Name
- Date of Birth
- Country of Birth
- Town/City of Birth
- Email Address (if applicable)
- Mobile Number (if applicable)
- Home Phone (if applicable)
- Postal Address (if applicable)

2. Your NameMr Mrs Ms Miss Other _____

Family name

First name

Middle name/s (if applicable)

Or

Single name only

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

Your postal address

Your home phone number

Your mobile number

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

PRIVACY NOTICE

Your personal information is protected by law including under the *Privacy Act 1988 (Cth)* 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 nominee will not be able to do that.

Your personal information may be used by the OSIR 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, OSIR may disclose your personal information to them.

The OSIR's privacy policy provides details of how you may seek to access and correct your personal information and complain about a breach of your privacy. A copy of our privacy policy can be accessed on our website at:

usi.gov.au/documents/privacy-policy

DETAILS OF AUTHORISED PERSON OR ORGANISATION

5. Do you provide Authority to a person or an organisation?

- Person - go to question 6
- Organisation - go to question 7

6. Authority to a person:

Mr Mrs Ms Miss Other _____

Family name

First name

Middle name/s (if applicable)

Date of birth (DD/MM/YYYY)

Go to question 8

7. Authority to an organisation:

Trading name of organisation and ABN

Organisation's street address or PO Box

Organisational contact name, job title, phone number and email address

8. What is your relationship with the person or organisation you are giving Authority to?

- Parent
- Guardian
- Spouse/Partner
- Sibling
- Solicitor
- Employer
- Training organisation
- Other _____

9. What is the duration of your Authority?

- Ongoing (i.e. until further notice)
- From (MM / YYYY) to (MM / YYYY)*

**End date will be the last day of the selected month*

10. What Authority do you give to the person or organisation:

- Make enquiries on your behalf; and/or
- Update personal details on your USI account on your behalf

11. This declaration is made by:

- The USI account holder – go to question 14
- An authorised third party – go to question 12

12. Third party authorisation

If the USI holder is unable to sign this form due to incapacity to provide Authority, a third party may sign the declaration in this section where they are (please select):

- A holder of a current Enduring Power of Attorney** authorising this action
- Appointed under a current guardianship order or arrangement**

****IMPORTANT:** Certified copies of documents are required and must be attached to this form.

DECLARATION

13. Details of the third party signatory

Family name

First name

Middle name(s)

Relationship to USI holder

Address

Phone number

14. Declaration

I declare the information provided in this form is complete and correct. I authorise the person named on this form to communicate with the OSIR on behalf of the USI holder according to the Authority granted at question 10.

I understand:

- OSIR’s Privacy Notice (see page two).
- I can cancel this Authority with the OSIR any time.
- Giving false or misleading information is a serious offence.

Signature: _____

Name: _____

Date (DD/MM/YYYY): _____

15. Acceptance by the person or organisation given the Authority

I understand:

- OSIR’s Privacy Policy (see page two).
- 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 holder (or their parent, guardian or current holder of an Enduring Power of Attorney).
- The USI holder can revoke this Authority at any time (unless it is made under a guardianship order or arrangement etc.)
- Upon contacting the OSIR, I will be asked questions for the purposes of confirming my identity prior to being able to make enquiries or update the USI holder’s personal details.
- I will ensure that any record of the USI 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 holder has provided may be revoked or suspended by the OSIR if I misuse the Authority.

Signature: _____

Name: _____

Date (DD/MM/YYYY): _____

Returning this form:

Please return this completed form and any supporting documents via email to: businessStrategy@usi.gov.au