

USI Application Form

USI Application/Verification Form														
If you are completing this form electronically, press Tab on your keyboard to go to the next cell. The cell will automatically expand to accommodate your text. If you are writing, please write clearly. If you require help with this form please call 1300 310 491 for assistance.														
Date:														
Name (Use your Legal Name – it must match the ID you have used or will use to create your USI)														
Title:		Mr 🗆	Mrs □	Miss		s 🗆	Inde	erminat	e 🗆					
Last Name: Given name:														
Date of Birth:							Gender:							
DAY MONT							Male 🗆 🛛 Fem		Female	emale 🗆 🛛 Ind		eterminate		
What is the address of your usual residence? (NOTE: Physical address where you usually reside not post office box)														
Street address:														
Suburb:	Suburb:			State:						Postcode:				
What is you	ur postal a	Ir postal address? (If different from residential address above)												
Street address:														
Suburb:	uburb:			State:						Postcode:				
Contact det	tails:													
Phone								Ema						
contact: Unique Stu	dent Iden	tifier (U	SI):					con	tact:					
IMPORTAN course, you														r
Option 1 – A	Already h	ave a U	SI – Pref	erred o	option									
	I already have a USI and I give ACTT permission to verify my USI.				My USI # is:									
Option 2 (C	reating ov	wn USI))			or								
I do not hold a USI. I will create my own USI account and provide my USI to ACTT along with permission to verify my USI prior to my course completion.														
IMPORTANT: To create your own USI visit: <u>http://www.usi.gov.au/Pages/default.aspx</u>														
or Option 3 (ACTT to Create USI – available only in the event you are unable to create your own USI)														
I am unable to create my own USI and I give permission to ACTT to create a USI Account on my behalf. I have provided ACTT with the document number of the following form of Personal Identification (ID) detailed below.														
	Drivers Licence (Australian)					Ove	erseas Passport (Current))				
Document Identification Number:														
Country of Birth					Town / City of Birth									
		1												



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IMPORTANT: For this service there will be a processing period of 5-10 business days.										
Applicant Declaration This section must be completed. If left blank, ACTT Application / Verification will not be processed.										
□ I have read, understood and agree to ACTT's Unique Student Identifier Privacy Notice.										
Name:	Signature:									
Date:										
ACTT Office Use Only										
App Received:	□ Ye	s Date	Date		USI Verified	□ Yes	Date			
Verification Confirmation email sent to learner :	□ Ye	s Date			USI Not Verified	□ Yes	Date			
ACTT Staff Member:						Date				
Admin Comments:										
For all USI Applications / Verification / Enquiries										
Post to: Level 16, 233 Castlereagh Street, Sydney NSW 2000 Phone: 1300 310 491					Email: <u>info@actt.edu.au</u>					