



USI Application Form

USI Application / Verification Form									
<p><i>If you are completing this form electronically, press Tab on your keyboard to go 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 1300480884 for assistance.</i></p>									
Date:									
Name (Use your Legal Name – it must match the ID you have used or will use to create your USI)									
Title:	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	
Surname:			Given Names:						
Date of Birth					Gender				
Day/Month/Year		<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other		
What is the address of your usual residence? (NOTE: Physical address where you usually reside not post office box)									
Street Address									
Suburb		State		Post Code					
What is your postal address? (If different from residential address above)									
Street Address									
Suburb		State		Post Code					
Contact Details									
Phone Contact:			Email Contact:						
Unique Student Identifier (USI):									
IMPORTANT: To receive your Qualification or Statement of Attainment on successful completion of your course you will need to hold a valid USI. Select and complete one (1) of the following options.									
Option 1 (Already have USI) – Preferred option									
<input type="checkbox"/>	I already have a USI and I give ASIA permission to verify my USI.				My USI # is:				
OR									
Option 2 (Creating own USI)									
<input type="checkbox"/>	I do not hold a USI. I will create my own USI account and provide my USI to ASIA along with permission to verify my USI prior to my course completion.								
IMPORTANT: To create your own USI visit: http://www.usi.gov.au/Pages/default.aspx									
OR									
Option 3 (ASIA to Create USI – available only in the event you are unable to create your own USI)									

THE EARLY CHILDHOOD LEARNING COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA

ABN: 80 600 951 264

RTO: 41322

CRICOS: 03858C



Level-6, Suite 6.01/138 Queen Street, Campbelltown, NSW 2560



(02) 4608 9972
1300480884



info@asia.edu.au
www.asia.edu.au



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<input type="checkbox"/>	I am unable to create my own USI and I give permission to ASIA to create a USI Account on my behalf. I have provided ASIA with the document number of the following form of Personal Identification (ID) detailed below.		
<input type="checkbox"/>	Drivers Licence (Australian)	<input type="checkbox"/>	Overseas Passport (Current)
<input type="checkbox"/>	Other (contact ASIA for confirmation)		
Document Identification Number:			
Country of Birth		Town / City of Birth	
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, ASIA Application / Verification will not be processed.

I have read, understood and agree to ASIA's Privacy Policy.

Name :

Signature:

Date:

ASIA Office Use Only

Application Received:	<input type="checkbox"/>	Yes	Date:		USI Verified	<input type="checkbox"/>	Yes	Date:	
Verification Confirmation email sent to learner :	<input type="checkbox"/>	Yes	Date:		USI Not Verified	<input type="checkbox"/>	Yes	Date:	
ASIA Staff Member:					Date:				
Admin Comments:									

For all USI Applications / Verification / Enquiries

Post to:

**Suite 513A, Westfield Parramatta, 159-175
Church St, Parramatta NSW 2150
Phone: 1300480884**

Email: studentservices@asia.edu.au

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