

## **USI Application Form**

USI Application / Verification Form														
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.														
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 Ms								Ms						
Surname: Given Names:														
Date of Birth Gender														
Day/Month/Year							Male			Female		Othe	r	
What is the address of your usual residence? (NOTE: Physical address where you usually reside not post office box)														
Stree	et Address													
Subu	ırb					Sta	ite			Post Code				
What is your postal address? (If different from residential address above)														
	et Address					St	ite			Post (	Code			
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														
I already have a USI and I give ASIA permission to verify my USI.   My USI # is:														
OR Ontion 2 (Onesting ours USI)														
Option 2 (Creating own USI) 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: <u>http://www.usi.gov.au/Pages/default.aspx</u>														
OR Option 3 (ASIA to Create USI – available only in the event you are unable to create your own USI)														
THE EARLY CHILDHOOD COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA (ASIA)ABN: 80 600 951 264RTO: 41322CRICOS: 03858C														
9	Head Office: Level 5, Suite 513A, Westfield Parramatta, NSW 2150 (02) 4608 9972 (info@asia.edu.au www.asia.edu.au													



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	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.								
	Drivers Licence (Australian)			Overseas Passport (Current)			Other (contact ASIA for confirmation)		
Docu	Document Identification Number:								
Country of Birth					Town / City of Birt	h			
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.									
Nam	Name : Signature:								
Date:									

ASIA Office Use Only								
Application Received:		Yes	Date:		USI Verified		Yes	Date:
Verification Confirmation email sent to learner :	Yes Date:		USI Not Verified		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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