

Unique Student Identifier Application Form

Name:

Job Title: DoB:

Organisation Name: Phone: Fax:

Residential Address:

Postal Address:

Mobile: Email:

Please include Town/ City of Birth and Country of Birth below

Town/City Country

(Note: You will be provided your USI code by email from Transformed so please ensure the email address is correct and legible)

USI Application Declaration

I authorise Transformed Pty Ltd (RTO 88152) to apply for a Unique Student Identifier (USI) code on my behalf.

I acknowledge that without a USI I will not be issued any statement of attainment or qualification from Transformed for completion of qualifications from 1 January 2015.

I have provided a copy of ONE of the following types of acceptable Australian identification:

- | | |
|---|--|
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Visa (with non-Australian Passport) |
| <input type="checkbox"/> Birth Certificate (Australian) | <input type="checkbox"/> Medicare Card |
| <input type="checkbox"/> Certificate of Registration by descent | <input type="checkbox"/> Australian Passport |
| <input type="checkbox"/> Citizenship Certificate | |

Print Name: Date: Signature:

FAX the completed application form and copy of ID to (02) 6259 6223 or email to studentadmin@transformed.com.au

PRIVACY STATEMENT

Under its national reporting obligations Transformed Pty Ltd is required to supply information collected on this form to State or Federal Government agencies for purposes of research, statistics and program evaluations. By signing this form and attesting to the validity of the information supplied, you are agreeing to the supply of this information for the stated purposes. No other disclosure will be made without your consent except as authorised or required by law. You have, on request, a right of access to personal information we hold about you.

Payment Details

A. Individual Name:

Address (if different to above)

B. ☐ Credit Card Payment: (Please provide credit card details below)

Card Type: ☐ Visa ☐ Mastercard

Card Number:

Card Expiry Date: CCV Number:

Total:

Cardholders Name:

Cardholders Signature:

OFFICE USE ONLY

ID Verified: Date USI Applied For: USI Emailed to applicant