



UNIQUE STUDENT IDENTIFIER (USI) - PRIVACY NOTICE

Please note: The following Privacy Notice is an extract for students from the Australian Government's USI Website and is intended to provide advice to you as to how your personal information will be used.

Consent for collection, use or disclosure of personal information

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the *Student Identifiers Act 2014*.
- is collected by the Registrar for the purposes of:
 - applying for, verifying and giving a USI;
 - resolving problems with a USI; and
 - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
 - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - the purposes of administering and auditing VET, VET providers and VET programs;
 - education related policy and research purposes; and
 - to assist in determining eligibility for training subsidies;
 - VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - researchers for education and training related research purposes;
 - any other person or agency that may be authorised or required by law to access the information;
 - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the [Registrar's Privacy Policy](#) or by contacting the Registrar on usi@education.gov.au or telephone the Skilling Australia Information line on 13 38 73, international enquiries +61 3 5454 5280. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the *Privacy Act 1988*, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.



Unique Student Identifier (USI) Application Form

If you would like The Illawarra Business College to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information in the Privacy Notice attached to and forming part of this Application and also available at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>.

I [please print your full name]hereby authorise Focal Holdings Pty Ltd t/a The Illawarra Business College to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read the relevant Privacy Notice and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed in the Privacy Notice referred to above.

Signature: _____ Date: _____

(Please print)

PERSONAL DETAILS		CONTACT DETAILS			
First Name:		Email:			
Middle Name:		Mobile:			
Surname:		Home Ph:			
Date of Birth: (dd/mm/yyyy)	/ /	Residential Address:			
Country of Birth:		Suburb/Town:			
Town/City of Birth:		State:		Postcode:	
Country of Residence:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> X		
Preferred Form of Contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone		

EVIDENCE OF IDENTITY

Only provide details for ONE form of identification. e.g.. Medicare card or Birth certificate.

IMPORTANT – The information you provide the College below must match the details shown on the form of identification supplied.

N.B. If you do not possess at least one of the below forms of identification, please contact the College on (02) 9791 6555 to discuss an alternative piece of evidence to confirm your identity.

AUSTRALIAN PASSPORT DETAILS		CITIZENSHIP CERTIFICATE DETAILS	
First Name:		First Name:	
Surname:		Surname:	
Date of Birth: (dd/mm/yyyy)	/ /	Date of Birth: (dd/mm/yyyy)	/ /
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	Stock Number:	
Passport Number:		Acquisition Date:	/ /

BIRTH CERTIFICATE DETAILS

First Name:		For NSW, VIC & WA Certificates	
Surname:		Registration Number:	
Date of Birth: (dd/mm/yyyy)	/ /	Year of Registration:	
State:		For QLD and TAS Certificates	
For ACT, NT and SA Certificates		Registration Number:	
Registration Number:		Date of Registration:	
Date Printed:	/ /	Year of Registration:	
Certificate Number:			

MEDICARE CARD

First Name:	
Surname:	
Medicare Card Number:	
Individual Ref Number:	
Card Colour:	
Expiry Date:	

VISA DETAILS (Non Australian passport holders)

First Name:	
Surname:	
Date of Birth: (dd/mm/yyyy)	/ /
Passport Number:	
Country of Issue:	

DRIVER'S LICENCE DETAILS

First Name:	
Middle Name:	
Surname:	
Date of Birth: (dd/mm/yyyy)	/ /
State:	
Licence Number:	

IMMICARD DETAILS

First Name:	
Surname:	
Date of Birth: (dd/mm/yyyy)	/ /
ImmiCard Number:	

****This form will be destroyed once your USI has been applied for and verified***

Thank you for your assistance – we look forward to assisting you with your studies.