

Form

Incarcerated Student Evidence of Identity form

About this form	
When to use this form	<p>This form can only be used if the student is currently sentenced or in remand within a correctional facility who has insufficient identity documents available to:</p> <ul style="list-style-type: none"> • create a USI • find/verify a USI • update name (first name/last name or single name) • update date of birth • obtain a copy of a VET transcript <p>Your verified USI number will be provided to your training organisation.</p>
Returning this form	<p>Returning this form Check that all required questions are answered, and the form is signed and dated by the student and the witness.</p> <p>By email: forms@usi.gov.au</p> <p>We require pages 2, 3 & 4 to be completed and returned to action the request.</p>
Witness	<p>The witness will complete the 'Witness Details & Declaration' (page 4).</p> <p>The witness can be an Education Officer or Corrections Officer (from a training provider or correctional facility).</p>
Sending a copy of your VET transcript.	<p>You have the option to send a copy of your VET transcript to the Registered Training Organisation you are undertaking a course with.</p> <p>If you wish to have your VET transcript sent, tick the box in section 7 (page 2)</p>
Privacy Notice	<p>Your personal information is protected by law including under the <i>Privacy Act 1988 (Cth)</i> and the Australian Privacy Principles.</p> <p>The Office of the Student Identifiers Registrar's (OSIR) privacy policy provides details of how you may seek to access and correct your personal information and lodge a complaint about a breach of your privacy.</p> <p>A copy of our privacy policy can be accessed on our website at: usi.gov.au/documents/privacy-policy</p>

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Student Details & Declaration

IMPORTANT: For this form to be accepted for processing, all questions marked with an asterisk (*) are mandatory.

1. Your Unique Student Identifier (USI number) if known:

(Do not complete if this form is being submitted to create a USI)

2. Your Name *

First Name: *

Middle Name(s):

Last Name: *

OR I am known as One Name Only:

3. Have you ever been known by any other names?

(Other names: name at birth / name before marriage / previous married name / Aboriginal or skin name / alias / adoptive or foster name)

4. Your date of birth * (DD/MM/YYYY)

 / /

5. Your gender *

Male Female Other/Prefer not to say

6. Your country and town/city of birth * (we require both to locate or create a USI account)

Country of birth:

City or Town of birth:

7. I, the student, for the purpose of this form give consent for * (select all that apply)

- Creating a USI / Finding and verifying my USI Obtaining a copy of my VET transcript
 Updating my name or date of birth

8. Requesting to updating your name or date of birth

(Please provide the name or date of birth you want to appear on your USI account) *

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9. Any previous contact details if known (email, mobile or address):

10. Student declaration *

(Please tick all boxes to indicate you have read and agree to the terms, and sign the document below)

I declare that:

- the information provided by me on this form about my identity is true and correct
- I am currently incarcerated/in custody/in remand
- I do not have/cannot access standard forms of verifiable identity
- I have given authority for the witness to act on my behalf for this interaction and for my USI and transcript if requested to be sent to the training organisation I am enrolled with.

I understand:

- OSIR's privacy notice (page 1)
- I can cancel this authority with the OSIR at any time
- giving false or misleading information is a serious offence.

Student's signature:

Student Name:

Date signed:

(DD/MM/YYYY)

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Witness Details & Declaration

IMPORTANT: A copy of the verified USI along with the student's VET Transcript (if requested) will be provided to the training organisation the student is enrolled with via email.

1. Witness Details *

Please list all witness details below. A witness can be an Education Officer or Corrections Officer from a training provider or correctional facility.

Representative Full Name: *

Organisation Name: *

Organisation ABN: *

Email address: *

Contact number: *

Postal/street address: *

Correctional facility where the student is currently incarcerated: *

3. Witness Declaration *

(Please tick all boxes to indicate you have read and agree to the terms, and sign the document below)

I declare about myself that:

the information provided by me on this form about my identity is true and correct.

I declare about the student that:

I know the individual named on this form is currently incarcerated at the correctional facility listed above.

I understand:

- OSIR's Privacy Policy (see page 1)
- giving false or misleading information in relation to a USI account is a serious offence under Division 137 of the Criminal Code Act 1995
- any information I may obtain under this arrangement may be protected under Commonwealth legislation. I agree to use or disclose this information only as authorised by the student (their parent, guardian, or current holder of Enduring Power of Attorney)
- the student can revoke this authority at any time (unless it is made under guardianship order or arrangement)
- upon contacting the OSIR, I will be required to confirm my identity prior to being able to make enquiries or update the student's personal details
- I will ensure that any record of the student's USI is always kept safe and will not be shared with anyone else unless authorised to do so
- the authority the student has provided may be revoked or suspended by the OSIR if I misuse the authority.

Witness signature:

Witness Name:

Date signed:

(DD/MM/YYYY)