

# UNIQUE STUDENT IDENTIFIER (USI) CONSENT FORM

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## ABOUT THIS FORM

This form authorises **Australasia Technology Institute (ATI)** to apply for a **Unique Student Identifier (USI)** on your behalf.

Under the *Student Identifiers Act 2014*, ATI must obtain your consent before collecting and disclosing your personal information to the **Student Identifiers Registrar** for the purpose of creating a USI.

This form also explains how your personal data will be managed under the *Privacy Act 1988* and ATI's Privacy Policy.

## STUDENT CONSENT

I authorise **Australasia Technology Institute (ATI)** to apply for a **USI** on my behalf. I understand that:

1. **ATI will provide the following personal information to the Student Identifiers Registrar**, as shown in my valid identification document:
  - Full name (including middle names)
  - Date of birth
  - City and country of birth
  - Gender
  - Contact details
2. **My identity will be verified** via the Document Verification Service (DVS) using documents such as:
  - Medicare Card, Passport, Driver Licence, Birth Certificate, ImmiCard, etc.
3. **ATI will securely destroy** any personal information collected solely for USI application once the USI has been created, unless retention is required by law.
4. **My USI and related personal information may be disclosed to:**
  - State/Territory and Commonwealth government departments
  - VET regulators and admission bodies
  - Registered Training Organisations (RTOs)
  - NCVER for statistical and transcript purposes
  - Researchers conducting education-related research
  - Any party required or authorised by law
5. This information is collected and managed in accordance with:
  - *Privacy Act 1988 (Cth)*
  - *Student Identifiers Act 2014 (Cth)*
  - ATI's **Privacy Policy**: [www.atinstitute.edu.au](http://www.atinstitute.edu.au)
  - Registrar's Privacy Policy: [www.usi.gov.au/privacy](http://www.usi.gov.au/privacy)

## STUDENT DETAILS

FIRST NAME	
LAST NAME	
STUDENT ID NUMBER	
DATE OF BIRTH	
CITY OF BIRTH	
COUNTRY OF BIRTH	

  

USI NUMBER	
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## STUDENT DECLARATION

- ☐ I have read and understood this form.
- ☐ I give consent for ATI to apply for and manage my USI.
- ☐ I understand how my personal information will be used and disclosed.

SIGNATURE	
DATE	