



USI FORM

From 1 January 2015, the Australian Government requires all students undertaking vocational training (VET) to have a Unique Student Identifier (USI). Registered Training Organisations (RTOs) are required to collect and verify a student's USI for the purposes of reporting on training activities or to issue an AQF certification document, such as a qualification or statement of attainment.

USI PERMISSIONS

The following permissions relate to the Unique Student Identifier for you/your student:

- We give permission for Ipswich State High School as a Registered Training Organisation to create, store and retrieve my/my child's USI in Education Queensland's School and Student Administration System.
- We acknowledge that Education Queensland will be providing my/my child's USI to the Queensland Curriculum and Assessment Authority (QCAA) who will store the USI in their systems for the purposes of Certification, including the issuing of Vocational Certificates and Statements of Attainment for Ipswich State High School (if required) and to report to the Australian Government on Vocational Outcomes.
- We give permission for Ipswich State High School to provide my/my child's USI to other RTOs with whom the school has partnership agreements in place to deliver Nationally Recognised Training at Ipswich State High School when the student enrolls in these courses.
- We give permission for Ipswich State High School as a Registered Training Organisation to retrieve or verify a USI on my/my child's behalf.

STUDENT DETAILS REQUIRED: THIS INFORMATION HAS TO BE EXACTLY AS PER THE MEDICARE CARD						
First Name:					Middle Initial/s:	
Surname:				Gender:	Female	Male
Date of Birth:	Date:		Month:		Year:	
Student USI Number (if known):						

ADDITIONAL INFORMATION REQUIRED BELOW IF YOU NEED ASSISTANCE WITH CREATING A USI NUMBER						
Town/City of Birth:				Country of Birth:		
Student Mobile Number <i>(required for application):</i>						
Student Personal Email <i>(required for application):</i>						
Address:					Post Code:	
Medicare Card Number:				Color:	Green	Blue
Card Expiry	Month:		Year:		Student Reference:	

SIGNATURES:

Name of Student (please print)

Name of Parent/Caregiver (please print)

Signature of Student

Signature of Parent/Caregiver

Date:

Date:

OFFICE USE ONLY:										
USI Number Verified:										
Date Issued/Verified/Retrieved:										
Processed By:										

Please complete this form and return to Gail Mollee, Industry & Vocational Training Officer via the submit button or email to Gail Mollee at IVO@ipswichshs.eq.edu.au. Alternatively you can drop this form into the Careers Office in OHOD2.