

## USI – Form A – I have created my own USI number

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town & State you were born in: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone contact: \_\_\_\_\_

*(Please ensure your email address is current as your USI number will be emailed to you directly from the Department of Industry)*

My USI number is:

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*Please tick*

<input type="checkbox"/>
<input type="checkbox"/>

I give Horticultural Training Pty Ltd permission to check and verify my USI number in order to enter it into my current training records.

I give Horticultural Training Pty Ltd permission to view my training records when necessary, for the purposes of checking previous training, which may be used to validate credit transfers in my current training.

*I understand that all personal information collected by Horticultural Training Pty Ltd for the purpose of verifying my USI number is only gathered for that purpose and will not be used for any other purpose. Once my USI number is verified by Horticultural Training Pty Ltd any identification information I have submitted will be destroyed.*

*[Further information on the use of your personal information is available on request and is published in our student handbook.]*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Office use only:*

Permission:	Form	Received Date: _____	Staff Initial: _____
	Phone	Call Date: _____	Staff Initial: _____
	Email	Received Date: _____	Staff Initial: _____

**USI – Form B – I give permission for Horticultural Training to create a USI number for me**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town & State you were born in: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone contact: \_\_\_\_\_

(Please ensure your email address is current as your USI number will be emailed to you directly from the Department of Industry)

**IDENTIFICATION – please supply the numbers of ANY 1 of the following forms of ID**

**Drivers Licence number:**

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**Passport number:**

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**Medicare Card details:**

Name on card: \_\_\_\_\_

Card number: 

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Individual reference number: \_\_\_\_\_

Card colour: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

*Please tick*


I give Horticultural Training Pty Ltd permission to create a USI number on my behalf.

I give Horticultural Training Pty Ltd permission to check and verify my USI number in order to enter it into my current training records.

I give Horticultural Training Pty Ltd permission to view my training records when necessary, for the purposes of checking previous training, which may be used to validate credit transfers in my current training.

*I understand that all personal information collected by Horticultural Training Pty Ltd for the purpose of creating my USI number is only gathered for that purpose and will not be used for any other purpose. Once my USI number is created by Horticultural Training Pty Ltd any identification information I have submitted will be destroyed.*

*[Further information on the use of your personal information is available on request and is published in our student handbook.]*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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*Office use only:*

Permission:      *Form*                      Received Date: \_\_\_\_\_                      Staff Initial: \_\_\_\_\_

*Phone*                      Call Date: \_\_\_\_\_                      Staff Initial: \_\_\_\_\_

*Email*                      Received Date: \_\_\_\_\_                      Staff Initial: \_\_\_\_\_