

UNIQUE STUDENT IDENTIFIER (USI) APPLICATION FORM

Do you have a USI? If yes, please specify _____

If not, do you authorise Farm Gate Training & Consulting P/L to apply for one on your behalf?

I Authorise Do Not Authorise

PLEASE FILL OUT TWO OPTIONS OF IDENTIFICATION AND SUBMIT COPIES WITH APPLICATION

Full Name on Driver's Licence _____

Drivers Licence Number _____ State/Territory _____

Medicare Card Number _____ Reference No. _____

Does your name appear on one line? Yes / No

Expiration Date _____ Colour of Medicare card? Green / Blue / Yellow

Full Name on Birth Certificate _____

Date of Birth _____

Town and State of Birth _____

Current Passport Document Number _____

Full Name on Passport _____

Expiry Date _____

Immicard Number _____

Certificate of Registration by Descent

Acquisition Date _____

USI Number _____

USI Password _____