# USI Application / Verification Form

If you are completing this form electronically, press Tab on your keyboard to go the next cell. The cell will automatically expand to accommodate your text. If you are writing, please write clearly. If you require help with this form please call 9311 5101 for assistance.

**Date:**

**Name (Use your Legal Name – it must match the ID you have used or will use to create your USI):**

- [ ] Mr
- [ ] Mrs
- [ ] Miss
- [ ] Ms

**Surname:**

**Given Names:**

**Date of Birth:**

**Gender:**

- [ ] Male
- [ ] Female

**What is the address of your usual residence?** *(NOTE: Physical address where you usually reside not post office box)*

- **Street Address:**
- **Suburb:**
- **State:**
- **Post Code:**

**What is your postal address?** *(If different from residential address above)*

- **Street Address:**
- **Suburb:**
- **State:**
- **Post Code:**

**Contact Details**

- **Phone Contact:**
- **Email Contact:**

**Unique Student Identifier (USI)**

**IMPORTANT:** To receive your Qualification or Statement of Attainment on successful completion of your course you will need to hold a valid USI. Select and complete one (1) of the following options.

**Option 1 (Already have USI) – Preferred option**

- [ ] I already have a USI and I give SCM permission to verify my USI.

**My USI # is:**

**OR**

**Option 2 (Creating own USI)**

- [ ] I do not hold a USI. I will create my own USI account and provide my USI to SCM along with permission to verify my USI prior to my course completion.


**OR**

**Option 3 (SCM to Create USI – available only in the event you are unable to create your own USI)**

- [ ] I am unable to create my own USI and I give permission to SCM to create a USI Account on my behalf. I have provided SCM with the document number of the following form of Personal Identification (ID) detailed below.

**Document Identification Number:**

- **Country of Birth:**
- **Town / City of Birth:**

**IMPORTANT:** Processing period of 5-10 working days.
### Applicant Declaration
This section must be completed. If left blank, SCM Application / Verification will not be processed.

- [ ] I have read, understood and agree to SCM's Unique Student Identifier Privacy Notice.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Signature:</td>
<td></td>
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</tbody>
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### SCM Office Use Only

<table>
<thead>
<tr>
<th>App Received:</th>
<th>Yes</th>
<th>Date:</th>
<th>USI Verified</th>
<th>Yes</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification Confirmation email sent to learner:</td>
<td>Yes</td>
<td>Date:</td>
<td>USI <strong>Not</strong> Verified</td>
<td>Yes</td>
<td>Date:</td>
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<tr>
<th>SCM Staff Member:</th>
<th>Date:</th>
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Admin Comments:

### For all USI Applications / Verification / Enquiries

**Post to:**
Sunshine College of Management  
18 Withers St  
Sunshine  
Victoria 3120

**Email:** info@scm.vic.edu.au

**Phone:** 03 9311 5101