



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)

Title: Mr Mrs Miss Ms

Surname: _____ Given Names: _____

Date of Birth Gender

Day/Month/Year _____ 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.

IMPORTANT: To create your own USI visit: <http://www.usi.gov.au/Pages/default.aspx>

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.

Drivers Licence (Australian) Australian Passport (Current) Medicare Card

Citizenship Certificate Australian Birth Certificate Other (contact SCM for confirmation)

Visa with non-Australian Passport (Current)

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.

Name:		Date:	
Signature:			

SCM Office Use Only

App Received:	<input type="checkbox"/>	Yes	Date:		USI Verified	<input type="checkbox"/>	Yes	Date:	
Verification Confirmation email sent to learner :	<input type="checkbox"/>	Yes	Date:		USI Not Verified	<input type="checkbox"/>	Yes	Date:	
SCM Staff Member:					Date:				
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