

USI Authority to act on behalf of client

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Name:	Middle name:	Family name:
Date of Birth:		Country of birth:	City/town of birth	
How would you like USI register to contact you? Please provide details for your preference				
<input type="checkbox"/> Phone:		<input type="checkbox"/> Email:		
<input type="checkbox"/> Postal address:				
Please provide any one of the following identity (ID) and tick the relevant box				
<input type="checkbox"/> Driver's Licence				
Licence no:		Licensing state:		
<input type="checkbox"/> Medicare Card				
Medicare card number	Your reference number	Expiry date	Medicare card colour	
<input type="checkbox"/> Australian Passport		<input type="checkbox"/> Citizenship Certificate		
Document number		Number:	Acquisition Date	
<input type="checkbox"/> Visa (with Non-Australian Passport) for international students <small>Not applicable at ATI at this stage</small>				
Passport number		Country of issue		
<input type="checkbox"/> Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient				
Registration number	Registration state	Registration date	Registration year	Certificate number
<input type="checkbox"/> Certificate Of Registration By Descent				
<input type="checkbox"/> Immi-Card		Immi - card number:		
I have read the privacy statement and understand procedure and purpose of USI. I hereby authorise Advanced training Institute representative to apply for USI on my behalf.				
Signature of the applicant			Date:	
Received by ATI staff:				
Name:	Signature:	Date:		