



AUTHORITY FOR FIRST AID ACCIDENT & EMERGENCY

TO CREATE A USI ON BEHALF OF A STUDENT

Please ensure your personal details* match the form of ID provided

PERSONAL DETAILS

First Name*	
Middle Name (if applicable)	
Surname *	
Date of Birth*	
Town/City of Birth*	
Country of Birth*	
Gender*	

CONTACT DETAILS

Email Address*	
Mobile Phone*	
<i>Please circle your preferred contact method above</i>	

IDENTITY DOCUMENT * Please provide one of the identification documents below:

Medicare Card	Drivers Licence	Passport (Australian)
Medicare Card Number:	Licence Number:	Passport No:
Name as it appears on Medicare Card:	State of Issue:	Expiry Date:
Individual Ref Number:		
Card Colour (please circle): Green Blue Yellow		
Expiry Date:		

Student signature: _____

Date: _____