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*	
Please circle your preferred contact method above	

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

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

Student signature:_____ Date:_____

Please return this form to **admin@firstaidae.com.au** or mail to **First Aid Accident & Emergency, Po Box 554, Miami Qld 4220.**

Office use only:

USI verified:										