

Student Administration - Services
External Student ID Card Application

Campbelltown Student Centre
 Locked Bag 1797, Penrith South DC NSW 1797



This form is only to be used by students who are offshore or studying by distance mode and who have NOT previously been issued with a UWS Student ID Card. If you attend classes on a UWS campus, you should visit your Student Centre to apply for your card.

You must supply a photograph which has been signed on the back by a witness qualified in one of the categories listed in Section 2. The photograph must be: passport size (35 mm x 45 mm), in colour, a full front view of your head and shoulders, recent (within the last 12 months), clear (not obscured or dark), and must have your Student ID number written on the back.

Place the photograph (which has your Student ID number and witness' signature on the back) in an envelope, write your name and student number on the sealed envelope and attach the envelope to this form. Post the form and photograph to the address above.

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**.

1 - PERSONAL DETAILS

UWS Student ID number Daytime contact phone number

Title Family name

Given name(s)

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>				

Course code Course name Mode (EXTERNAL or OFFSHORE)

2 - PROOF OF IDENTITY - WITNESS DETAILS

Title Family name

Given name(s)

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>				

I declare that the photograph I have signed is a true photograph of the person whose name and signature appears on this form. I am qualified as a witness in the category indicated by the ticked box to the right. I have supplied my official stamp or registration number below.

- Accountant—Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants, the National Institute of Accountants, the Association of Taxation and Management Accountants or a Registered Tax Agent
- Bank or Credit Union Branch Manager (but not the Manager of a bank travel centre)
- Registered Medical Practitioner
- Police Officer in charge of a police station, or of the rank of sergeant or above
- Principal of an Australian secondary college, high school or primary school
- Manager of a Post Office
- Solicitor, Barrister or Patent Attorney
- Justice of the Peace

SIGN HERE

OFFICIAL SEAL OR REGISTRATION NUMBER

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4 - STUDENT DECLARATION

I declare that the information provided by me on this form is true and correct. I also agree to the release of personal information about me for the purpose of assessing this application.

Date received

SIGN HERE

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to external agencies such as UAC, DEST, DIAC, Centrelink, other Government agencies, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.