



Scouts Australia Institute of Training (SAIT)

Enrolment Form

Today's Date:

Received Date: (Office use only)

Submitting your SAIT Enrolment Form - Please note the following instructions:

1. You **MUST** complete all sections of the SAIT Enrolment Form for your application to be processed.
2. Please refer to the SAIT Candidate Information Guide to assist you with the completion of this enrolment form. This guide can be downloaded from the Scouts Australia, training website <http://training.scouts.com.au/about-sait>

Need assistance?

Contact your Scout Branch Training Office between 9:00am – 5:00pm Monday to Friday or email
Find details of your Scout Branch at <http://training.scouts.com.au/about-sait>

PERSONAL DETAILS

Title: (Tick one box only) MR MRS MS MISS OTHER: (Details)

Given Names: (First and Middle Middle)

Last Name: (Legal Family Name)

Preferred Name:

Scout Membership number:

Scout Branch:

Date of Birth:

Age:

Work Phone:

Mobile Phone:

Home Phone:

E-mail address (Mandatory):

Residential Address:

(Street number and name not PO BOX)

Suburb:

State:

Postcode:

Postal Address: Tick if same as residential address

Postal Address:

City/Suburb:

State:

Postcode:

CITIZENSHIP / VET RELATED DETAILS

Gender: (Tick one box only) Male Female

Country of Birth :

City of Birth :

Country of Citizenship :

Australian Citizen Status :

IDENTIFICATION: Needs to be confirmed by one of the listed documents. (Tick one box only)

Australian citizen
(green Medicare card, birth certificate, current Australian passport or Naturalisation Certificate)

Asylum Seeker and Victim of Human Trafficking Initiative
(relevant referral form)

Holder of a Permanent Visa
(green Medicare card or Visa and VEVO printout)

A New Zealand citizen
(green Medicare card or current New Zealand passport)



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If you are under 20 years of age as of the 1st January in the year of enrolment, and your identification document does not contain a date of birth, please also provide one of the following (Tick one box only):

- Current Drivers Licence
 Current Learner Permit
 Proof of Age Card
 Key Pass Card

Are you of Aboriginal or Torres Strait Origin? (Tick all that apply)

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander

EMPLOYMENT STATUS

- Full-Time employee
 Employer
 Self Employed
Not employing others
 Employed
Unpaid worker in a family business
- Part-Time employee
 Unemployed
Seeking part-time work
 Not employed
*Not seeking employment/
 school student*
 Unemployed
Seeking full-time work

Which of the following classifications best describes your current or recent occupation? (Tick one box only)

- 1 – Managers
 6 – Sales Workers
 2 – Professionals
 7 – Machine Operators and Drivers
 3 – Technicians and Trade Workers
 8 – Labourers
 4 – Community and Personal Service Workers
 9 – Other/ (School students)
 5 – Clerical and Administrative Workers
If never employed please proceed to Citizenship/Residency Status section

Which of the following classifications best describes the Industry of your current or previous Employer? (Tick one box only)

- A - Agriculture, Forestry and Fishing
 K - Financial and Insurance Services
 B - Mining
 L - Rental, Hiring and Real Estate Services
 C - Manufacturing
 M - Professional, Scientific and Technical Services
 D - Electricity, Gas, Water and Waste Services
 N - Administrative and Support Services
 E - Construction
 O - Public Administration and Safety
 F - Wholesale Trade
 P - Education and Training
 G - Retail Trade
 Q - Health Care and Social Assistance
 H - Accommodation and Feed Services
 R - Arts and recreation Services
 I - Transport, Postal and Warehousing
 S - Other Services/ (school student)
 J - Information Media and telecommunications

LANGUAGE

Do you speak a language other than English at home? (If more than one language indicate the one that is spoken most often)

- No, English only
 Yes, other (Please specify)

If answered **Yes** to other language, how well do you speak English?

- Very Well
 Well
 Not Well
 Not at all

Is English Assistance Required?

- Yes
 No



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SCHOOL AND TRAINING HISTORY

Are you currently attending secondary school? (Tick as appropriate)

This includes any government, non-government, independent or Catholic school or a student registered for home schooling in all states

No Yes If yes, has this training been arranged by the school? Yes No

If yes, School name: _____

What is your highest completed school level? (Tick one box only)

Never attended school Completed Year 8 or lower Completed Year 9 or equivalent
 Completed Year 10 Completed Year 11 Completed Year 12

In which year did you complete that school level?

Year: _____

Have you successfully completed any other Qualifications?

Yes No

If yes, please select the appropriate box next to the relevant qualification. (Tick as appropriate)

A=Australian Qualification E=Australian Equivalent Qualification I=International Qualification

	A	E	I		A	E	I
Bachelor Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note if you have completed qualifications both in Australia and overseas for any one qualification level, use the following priority order to determine which identifier to use: A=Australian Qualification E=Australian Equivalent Qualification I=International Qualification

SPECIAL NEEDS: Do you consider yourself to have a disability, impairment or long-term condition? (Tick one box only)

Yes No

If yes, please indicate the areas of disability, impairment or long-term condition (Tick as appropriate)

Hearing/Deaf Intellectual Mental Illness Vision
 Physical Learning Acquired Brain Impairment Medical Condition
 Other (List any other disability or special medical condition)

Unique Student Identifier (USI): – **MANDATORY**

(If you have completed VET training including First Aid Since 1 Jan 2015 you will have a USI) www.usi.gov.au

Please list your Unique Student Identifier-(USI) number: _____

Other State Student Numbers – OPTIONAL

Please list your Victoria Student number(VSN): _____

Please list your Learner Unique Identifier number(QLD): _____

Please list your Skills for All Number-(SA): _____

EMERGENCY CONTACT DETAILS:

Contact Name: _____

Relationship to you: (e.g. Partner, Friend) _____

Contact Number: _____



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INFORMATION COMMUNICATIONS TECHNOLOGY:

If you require some support with computers it may assist if your assessor is aware of this. *Helpful website:* <http://www.forwardit.sa.gov.au/>

How do you rate your IT skills (Tick one box only)

Beginner
 Intermediate
 Advanced

Do you have access to the internet at; (Tick as appropriate)

Home
 Work
 School
 Elsewhere

Do you have access to a photocopier and/or scanner?
 Yes
 No

TIME FRAMES:
What time frame have you set aside to collect all your RPL evidence in?

Could any of these possible interferences hinder you in completing the requirements for your qualification?

School work
 Planned holidays
 Major project
 Organisational change

Health/medical concerns
 Family commitments
 Other:

QUALIFICATIONS:
If you are unsure of which qualification to select please contact your Branch Training Officer. If applying for Partial Completion of a Qualification your assessor will assist you in identifying the appropriate Units of Competency.

Qualification	Full Qualification / Skill Set	Partial Completion
BSB20115 – Certificate II in Business	<input type="checkbox"/> With evidence from the Venturer Award	
BSB30115 – Certificate III in Business	<input type="checkbox"/> With evidence from Basic Leader Training	
BSB42015 - Certificate IV in Leadership and Management	<input type="checkbox"/> With evidence from Advanced Leader Training	
BSB51915 – Diploma of Leadership and Management	<input type="checkbox"/>	<input type="checkbox"/>
SIS20213 – Certificate II in Outdoor Recreation	<input type="checkbox"/>	<input type="checkbox"/>
SIS30413 – Certificate III in Outdoor Recreation	<input type="checkbox"/>	<input type="checkbox"/>
SIS40313 – Certificate IV in Outdoor Recreation	<input type="checkbox"/>	<input type="checkbox"/>
TAESS00008 - Enterprise Trainer - Mentoring Skill Set	<input type="checkbox"/>	
TAESS00001 - Assessor Skill Set	<input type="checkbox"/>	
BSBSS00064 - Promoting Diversity Awareness in the Workplace Skill Set	<input type="checkbox"/>	

OUTDOOR RECREATION SKILLS please indicate which activities you are applying for:

<input type="checkbox"/> Abseiling	<input type="checkbox"/> Cycle Touring	<input type="checkbox"/> SCUBA
<input type="checkbox"/> Archery	<input type="checkbox"/> Fishing	<input type="checkbox"/> Sea Kayaking
<input type="checkbox"/> Bushwalking	<input type="checkbox"/> Four Wheel Driving	<input type="checkbox"/> Skiing – Alpine
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Skiing – Ski Touring
<input type="checkbox"/> Canyoning	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Snorkelling
<input type="checkbox"/> Caving	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Surfing
<input type="checkbox"/> Challenge Ropes	<input type="checkbox"/> Sailing	

NOTES for QUALIFICATIONS / UNITS OF COMPETENCY use this space to record any relevant variations / information for the Qualifications / Skill areas selected above:



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Candidate's Declaration. Please refer to the SAIT Candidate Information Guide before completing this section.

Please complete areas indicated by arrows:

➔ I (applicant's full name): _____

declare that the highest qualification I currently hold is: (qualification title of accredited course)

- I declare that the information I have provided in this enrolment form is true and correct. I understand that giving false or misleading information is a serious offence. I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete this enrolment form may result in a withdrawal of any offer for qualification via the assessment process. I authorise SAIT to check all available records to confirm the information provided is correct.
- I acknowledge that I have read the SAIT Candidate's Information Guide. I understand that by signing this SAIT Enrolment form I agree to follow the Assessment process.
- I understand that some of my information contained herein will be provided as statistical data to an external government body (AVETMISS) as is required by the National Vocational Educational and Training Regulator ACT 2011. Further, I understand any identifying personal information provided by me to SAIT or its licensed agencies will be kept strictly confidential and that I have read SAIT's detailed Privacy Policy in the SAIT section on the Scouts Australia website: www.scouts.com.au.
- I understand that I must inform SAIT through my Branch of any changes to the details contained within this form.

➔ **Candidate Signature**

	Date:
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➔ **Parent Signature (If applicant is under 18 years of age)**

	Date:
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A Learner Engagement Survey will be forwarded to you from your Branch i.e. in order to capture your feedback about the SAIT Assessment process. This is not compulsory but your feedback is very important to us and highly appreciated.