



APPLICATION FORM

CERTIFICATE II QUALIFICATION BASED ON COMPLETING THE VENTURER AWARD LEVEL AND RELATED UNIT PROGRAM

NAME:OF VENTURER	SURNAME			FIRST NAME			OTHER NAMES		
ADDRESS							POSTCODE:		
PHONE HOME				MOBILE NO					
EMAIL									
NAME OF VS UNIT	UNIT:								
	REGION:								
NAME OF SCHOOL									
QUALIFICATION SOUGHT- Please tick	<p>Note: Applicants in completing the Venturer Award level and associated activities at the Unit could be eligible for</p> <p><input type="checkbox"/> Certificate II in Business</p>								
<p>Please indicate if you have any of the following Statements of Attainment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SAF201B – Operate within the enterprise skills, knowledge and values <input type="checkbox"/> BSBOHS201A – Participate in OHS processes <input type="checkbox"/> BSBCUS201B – Deliver a service to customers <input type="checkbox"/> BSBINN201A – Contribute to workplace innovation <input type="checkbox"/> BSBCMM201A – Communicate in the workplace <input type="checkbox"/> BSBWOR202A – Organise and complete daily work activities <input type="checkbox"/> BSBWOR203B – Work effectively with others <input type="checkbox"/> BSBFLM312C – Contribute to Team Effectiveness <input type="checkbox"/> BSBINM201A – Process and maintain workplace information <input type="checkbox"/> BSBITSU201A – Produce simple word processed documents <input type="checkbox"/> BSBSUS201A – Participate in environmentally sustainable work practices <input type="checkbox"/> SISOODR201A – Assist in conducting outdoor recreation sessions <input type="checkbox"/> SISOBWG201A – Demonstrate bushwalking skills in a controlled environment 									

I am familiar with the assessment process for this as is available on the website. I am also requesting enrolment as a candidate of the Scouts Australia Institute of Training. I am familiar with the policy and procedures of SAIT as documented in the Student Information Booklet.

In signing the form, the candidate acknowledges that he/she is ready for assessment and that the assessment process has been explained. The assessment information gathered (including candidate name, and date of birth, but no other details) will be used by SAIT for specific record keeping purposes

I have attached related information:

- Certified copy of relevant pages of Record Book with each page marked with my name
- Checklist –Unit Participation- completed by Unit Chairman or nominee
- Log Book containing details of participating in overnight activity and details of planning, running and reviewing another overnight activity- Log Book

Name of Person verifying copies of Record Book:

Contact Number Verifier

Person's role: e.g. Com of Declarations, VL, DC

Candidate's signature

Date

SAIT Date received:

NOTES TO ASSIST

Please forward a certified copy of pages of your Record Book. The copied Pages should be certified by a Commissioner of Declarations or a Scout Leader. Ensure each page must contain your name and your copied page number eg. Page 6 of 12. Details of the person verifying the copies must also be provided.

Documentation required is:

RECORD BOOK	DETAILS	WHY REQUIRED
Page 24	Details of successfully completing Venturer Award.	This provides evidence of your completing Initiative Course, First Aid, Venturing Skills Award, Venturer Award, Unit Management, Written report,
Page 33	Details of Expedition also documented in Log.	Need to participate in overnight activity and then plan, lead and review an activity.
LOG BOOK	Evidence of your participation in another Overnight activity as documented in your Log.	Alternate report format demonstrated
	Evidence of your planning, leading and reviewing an overnight activity	
UNIT CHECKLIST	As completed by you and your Unit Chairman or nominee	Confirms programming, involvement in areas nominated. Third party verification used.