NATIONAL SUPPORT ASSESSMENT TOOL (NSAT 1.0)

NOMINATION AND EXPRESSION OF INTEREST – REPLY SLIP

NSAT Facilitator and Assessor Training and Implementation at Sub-National Level

National Scout Organization (NSO):	
Name of contact person:	Name: _____ Designation: _____

SECTION A. NSO COMMITMENT TO IMPLEMENT NSAT

Please indicate your NSO's willingness and readiness to undertake NSAT for its Sub-National Formation(s) (SNFs).

1. Is your NSO willing to undertake NSAT for its Sub-National Formation(s)?

☐ Yes, we intend to implement NSAT. ☐ Yes, subject to further planning. ☐ Not at this stage.

2. Please indicate the category of your NSO's Sub-National Formation and the total number of formations under this category.

Category of Sub-National Formation (e.g. Province / State / District)	Total number of formations	Number proposed for NSAT (if known)

3. If known, when does your NSO anticipate commencing NSAT implementation?

☐ Within 6 months ☐ Within 12 months ☐ Not Sure

4. Is your NSO interested in requesting a dedicated NSAT Facilitator and Assessor Training programme?

☐ Yes ☐ No ☐ We will send our leaders to a regular training program whenever APR will conduct

If any NSO wishes to expedite the process for their NSO, a dedicated training programme can be run for such NSOs, however, it would require a minimum of 12 participants and willingness of host NSO to accommodate participants from other interested NSOs, subject to agreement and available capacity.

5. If yes, in which month would your NSO prefer to have its leaders trained?

Preferred month: _____ ☐ 2026 ☐ 2027

SECTION B. NOMINATION OF CANDIDATES FOR NSAT FACILITATOR AND ASSESSOR TRAINING

Please list the nominees in order of priority. Nominated candidates should meet the recommended candidate profile provided with the circular.

Priority	Name	Position / Role in Scouting	Professional / Volunteer	Relevant experience / area of expertise	Email address	Mobile number
1						
2						
3						
4						
5						
6						

Additional remarks / information:

_____

_____

Printed name and designation of authorised NSO representative:	
Signature and official stamp:	Date: _____

Please return this completed reply slip no later than 30 November 2026.

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