





School UserScoutAccessApproval Form (Please note: This form is for DoE staff use only).

PART A – REQUESTER INFORMATION (All fi	elds marked with an a	sterisk (*) are required)	
*Employee Name:			
*Role:			
*Is this role: Permanent	Tempo	Temporary Higher Duties	
	*Start Dat	e:	
	*End Date	*End Date:	
*Operational Directorate:	*Principals	*Principals Network:	
*School Name:			
*Employee Email:	@det.nsw.edu.au	*Phone Number:	
*Information required:		nd how data will be used:	
Student and School Level Performance (Check-in Assessment, NAPLAN, HSC, Best Start, VALID)			
Enrolment & Attendance	-		
School Finance			
Tell Them From Me & NCCD			
School Dashboard & Resource Consumption	-		
Professional Development & Accreditation (Provided to roles responsible for Professional Development & Accreditation only)			
Human Resources (Schools) & COVID ILSP (Provided to roles with direct supervision of staff only)			
PART B – AUTHORISATION / CERTIFICATION			
The access to Scout requested above is appropriate information access in the Department. Your applica			
I certify that the above information is correc	t and request access to	Scout for the above employee.	
*Name of Principal/Director:	*Role:		
	*Signature		
*Email: @de	t.nsw.edu.au *Date:		
Please email the completed form to <u>scout.su</u>	upport@det.nsw.edu.au	and include 'School User Scout Access	
Approval Form' in the email subject line.			
PART C – OFFICE USE ONLY			
Name of Approver:			
Phone Number:	Email:	@det.nsw.edu.au	
Signature:	Date:		