Botshelo | Safety
Excellence in Safety

POPIA CONSENT AND DECLARATION FORM

2027 Bursary / Study Sponsorship Application - Applicant Form

Botshelo Health and Safety (Pty) Ltd respects your privacy. This form records your consent for the collection and use of personal information required to assess and administer your bursary or sponsorship application.

1. APPLICANT DETAILS

Full names	*Type or write here*	**ID number**	*Type or write here*
School name	*Type or write here*	**Community**	*Rustenburg / Kroondal*
Cellphone	*Type or write here*	**Email**	*Type or write here*

2. CONSENT TO PROCESSING PERSONAL INFORMATION

I voluntarily consent to Botshelo Health and Safety (Pty) Ltd collecting, using, storing and verifying my personal information for the following purposes:

1. Assessing my eligibility and suitability for the 2027 bursary or study sponsorship.
2. Verifying my identity, residence, school enrolment, academic results, financial circumstances and tertiary application or admission.
3. Communicating with me, my parent or guardian, my school, tertiary institutions and relevant service providers regarding my application.
4. Administering funding, monitoring academic progress and meeting legitimate legal, audit, reporting and programme-management requirements if I am selected.
5. Sharing relevant information with authorised employees, verification providers, educational institutions, funders or regulators where reasonably necessary for these purposes.

Botshelo will take reasonable steps to protect the information and retain it only for as long as required by law or for the stated bursary purposes. I understand that I may request access to or correction of my information, object to processing where permitted, or withdraw consent subject to legal and contractual requirements.

3. CONSENT CONFIRMATION

- ☐ I consent to the processing and verification of my personal information as described above.
- ☐ I authorise the persons and institutions named in my application to confirm relevant information.
- ☐ I understand that withholding required information may prevent my application from being assessed.

4. APPLICANT DECLARATION

I declare that the information and documents submitted with my application are true, complete and accurate. I have disclosed any other bursary or sponsorship applications or awards. I understand that false, misleading or omitted information may result in disqualification, cancellation of funding and recovery of amounts paid.

Applicant's full name Print clearly	**Applicant's signature**	**Date** DD / MM / YYYY

For applicants under 18: this form must be submitted together with the signed Parent or Guardian Consent Form.