Botshelo Safety
Excellence in Safety

PARENT OR GUARDIAN CONSENT FORM

For 2027 bursary applicants under 18 years of age

This form must be completed by the parent or legal guardian of an applicant who is under 18 on the date of application.

1. APPLICANT DETAILS

Applicant's full names	*Type or write here*
Applicant's ID number	*Type or write here*
School name	*Type or write here*
Residential community	*Rustenburg / Kroondal*

2. PARENT OR LEGAL GUARDIAN DETAILS

Full names and surname	*Type or write here*
South African ID / passport number	*Type or write here*
Relationship to applicant	*Type or write here*
Residential address	*Type or write here*
Cellphone number	*Type or write here*
Email address	*Type or write here*

3. CONSENT AND AUTHORISATION

I confirm that I am the applicant's parent or legal guardian and that I have authority to provide this consent. I hereby:

1. Consent to the applicant submitting a 2027 bursary or study sponsorship application to Botshelo Health and Safety (Pty) Ltd.
2. Consent to Botshelo collecting, using, storing and verifying the applicant's personal information for application assessment, communication, selection and programme administration.
3. Authorise Botshelo to verify relevant information with the applicant's school, tertiary institutions, government bodies, verification providers and other authorised parties.
4. Consent to the processing of my personal and household financial information where required to assess financial need.
5. Acknowledge that selection is not guaranteed and that funding remains subject to approval, available funds and the conditions of any sponsorship agreement.

4. PARENT OR GUARDIAN DECLARATION

I declare that the information and supporting documents provided by me are true, complete and accurate. I understand that false or misleading information may result in the application being disqualified or any awarded funding being cancelled. I will inform Botshelo of any material change affecting the application.

☐ I have read and understood this consent form.

☐ I consent voluntarily and understand the purposes for which the information will be used.

5. SIGNATURES

Attach a recently certified copy of the parent or guardian's identity document. Botshelo may request proof of legal guardianship where applicable.

Parent/guardian full name Print clearly	**Parent/guardian signature**	**Date** DD / MM / YYYY