

Two Rivers Platinum Training and Development

Form A

Application for Bursary

Applicant	Details:
Surname:	Full Names:
ID No.:	Age:
Residential Address:	Community
Residential Address:	Community:
Cell:	E-mail address
- Com.	L-man address
Disability: Yes No	Specify disability:
Marital Status:	
Academic	
Highest Standard Passed:	Year Completed:
Subjects passed in Highest Standard:	
Tertiary Ed	lucation
1st Degree/Diploma/Qualification/Course	deadon
- Dogree/Diploma/Qualification/Dourse	
Highest Level:	Year Completed:
	· · · · · · · · · · · · · · · · · · ·
Name of Institution:	Subjects Passed
2 nd Degree/Diploma/Qualification/Course	
12.4.41	V 2 1111
Highest Level:	Year Completed:
Name of Institution:	Subjects Bassed
Name of institution.	Subjects Passed
Study Plan:	
Study course for which assistance is applied:	Name of institution where course is to be held:
Intended duration of study course:	State final year of study:
Parent/Guard	
Surname:	Full Names:
ID No:	Age:
0.11.	F 7 14
Cell:	E-mail address:

Please indicate if either your parent/s or family members have been employed by Two Rivers Platinum

Initials & Surname	Relationship	Department	Occupation	Year	
				From	To

		e details	2 1 10 10 10
(Indicate below in detail details from the institu	the courses you intend to taution must be attached	ake as well as the propose	ed schedule.) Course
Year & Subjects 20	Year & Subjects 20	Year & Subjects 20	Year & Subjects 20

Payment will be made directly to the institution.

COST	Current Year 20	Year 20	Year 20	Year 20
Registration Fees				
Tuition Fees	-			
Books				
Examination Fees				
Accommodation Fees				
TOTAL				

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Information Disclaimer

The Personal Information (Information) that you are providing in this form is for training and development at Two Rivers Platinum (TRP) or other external provider(s). TRP has adopted a Data Privacy Policy (Policy), in terms of the Protection of Personal Information Act No.4 of 2013 (POPIA). The Policy requires TRP to use your Information only for the purpose it was received from you. There may be instances that TRP shares your Information with third parties for registration with training and development regulatory bodies such as (SETA's; DBE; QCTO; Umalusi; DHE, IEB; Benchmark; DMRE; External Providers & Auditors) however, such sharing will be compatible with the purpose for which the Information was given.

Disclaimer

TRP guarantees to keep and use your Information only for the purpose it was collected. When that purpose is no longer effective, the Information will be destroyed beyond reconstruction, except when there is a statutory or regulatory obligation that requires Two Rivers Platinum (Pty) Ltd to keep your Information for a specific period that is longer than the purpose for which it was received. While the Information is in Two Rivers Platinum (Pty) Ltd possession, Two Rivers Platinum (Pty) Ltd will secure the integrity and confidentiality of your Information and ensure that it is complete, accurate, relevant, up to date and safe from unlawful access and destruction.

Consent in terms of the POPIA

I, the undersigned, consent to provide the Personal Information required to Two Rivers Platinum (Pty) Ltd on the understanding that Two Rivers Platinum (Pty) Ltd is responsible to abide by the conditions of lawful processing of Personal Information set out in the POPIA, in the Data Privacy Policy and in this document. I declare that all Personal Information being supplied by me to Two Rivers Platinum (Pty) Ltd is accurate, up to date, not misleading and that it is complete in all material respects.

I undertake to advise Two Rivers Platinum (Pty) Ltd immediately of any changes to my Personal Information, should any of the details change.

By providing Two Rivers Platinum (Pty) Ltd with my Personal Information, I voluntarily and without coercion consent and give TRP permission to process my Personal Information, as and when required as long as it is for the fulfilment of the purpose for which it was collected.

Applicant:	
Tick the box if you understand and agree to the	he above:
Signed at	on
Full names:	Signature:
Parent/Guardian:	
Tick the box if you understand and agree to the	ne above:
Signed at	on
Full names:	Signature: