



CLIENT (PARENT) CONSENT TO OBTAIN INFORMATION & SERVICES

*****In terms of the POPI ACT this form is mandatory**

LEARNER INFORMATION (One form per learner)

Name of Learner		Grade:	
Surname of Learner		Learner ID No:	

CLIENT (PARENT) INFORMATION

Full Names of Client:	
Full Address:	
E-mail Address:	

*** FACILITATOR INFORMATION (Must be completed)

Name of Facilitator		Facilitator Contact No:	
Surname of Facilitator		Facilitator Email Address	

I/We acknowledge the following:

1. The education of my child is solely my responsibility as parent/legal guardian and I/we acknowledge that a home educated child should be educated at home but may receive Facilitating where necessary.
2. The appointment of a Facilitating service is my constitutional right and no liability will be held against Alpha Education SA regarding my choice of Facilitator or the facility or service they are offering.
3. Appropriate Facilitating can only be furnished after full and proper disclosure of relevant personal and private information about the client and the client's learner in respect of the learner's academic career;
4. Such information and documentation is furthermore required to -
 - a. Provide professional Facilitating, assessment and progress of the learner;
5. Such information may include any information relating to, or interest in, but not limited to -
 - a. Assessment requirements, including question papers and memorandums for tests and examinations
 - b. Course material including formal and informal task assessments
 - c. Portal access
 - d. Concession applications and test/examination accommodations
 - e. Progress reports and results, previous and current
 - f. Relevant personal information
6. My/our interests will be best served for the stated purpose of Facilitating and all such information and documentation is provided by -
 - a. Tridel Curriculum Provider (Pty) Ltd t/a Alpha Education SA
 - b. any other authorised education provider and/or assessment body.
7. Consent:
 - I/we herewith give consent to any such education provider to release such information and documentation through Alpha Education SA, or directly, to the authorised Facilitator above:
 - I/we confirm that the authorised Facilitator will be acting on my/our behalf and I/we hereby waive any right to privacy only for the stated purpose. All information so obtained must be treated as confidential by the authorised Facilitator and intermediary and may not be made public in any way without my/our written consent.

This consent to obtain information and documentation will remain effective for the current academic year or until cancelled by me/us in writing.

Signed at thisday of..... 20.....

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Signature of Client (parent)

Form – T001