**Internationalisation**

**Tel: +27(0)16 950 9318**

**Fax: +27(0)16 950 9768**

***International Student Registration Information Form-2021***

***First Year Student / Senior Students / Post Graduate / WILL – Semester 1  2***

***This form must be completed on both sides in BLOCK LETTERS. Once competed email to*** [***internationalveri@vut.ac.za***](mailto:internationalveri@vut.ac.za) ***You are cautioned that all the information provided here will be verified, and presentation of false information might jeopardise your position in this University***

***Personal Details***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | Click or tap here to enter text. | | | | | | | | | | | | |
| **First names in full:** | Click or tap here to enter text. | | | | | | | | | | | | |
| **Date of birth (dd/mm/yy)** | Click or tap to enter a date. | | | **Gender** | | | | Male | |  | Female | |  |
| **Marital Status:** | Single |  | Divorced | | |  | | |
| Married |  | Widow / er | | |  | | |
| **Student no** | | | Click or tap here to enter text. | | | | | | | | | | |
| **Academic Program (eg Diploma : Logistics)** | | | Click or tap here to enter text. | | | | | | | | | | |
| **Residence Status while at VUT** | | | **Private** | |  | | **VUT Residence** | | | | |  | |
| **Address of Private Residence (Must be completed (House number, Street Name and the area)** | | | Click or tap here to enter text. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Address of VUT Residence (Must be completed which Residence have you been assigned to including room number and building)** | | | Click or tap here to enter text. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Email:** | | | Click or tap here to enter text. | | | | | | | | | | |
| **Cell no:** | | | Click or tap here to enter text. | | | | | | | | | | |

***Immigration Status Details***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Country of origin:** | Click or tap here to enter text. | | | **Citizenship** | | | Click or tap here to enter text. | | | |
| **Passport no:** | Click or tap here to enter text. | | | **Passport Expiry date:** | | | Click or tap to enter a date. | | | |
| **Immigration Status in South Africa** | Refugee | Asylum seeker | | | Study Permit | | | | Other Status | |
| **Permit No:** | Click or tap here to enter text. | | | | | | | | | |
| **Permit issue date** | Click or tap to enter a date. | | | | | | | | | |
| **Permit Expire date** | Click or tap to enter a date. | | | | | | | | | |
| **How long have you been staying in South Africa:** | | | Years | | Click or tap here to enter text. | | | Months | | Click or tap here to enter text. |
| **Comments on Renewal or status** | | Click or tap here to enter text. | | | | | | | | |
| **Are you registering with VFS Slip** | | Yes | | | | No | | | | |
| **If yes indicate VFS Slip Ref number** | | Click or tap here to enter text. | | | | | | | | |

***Medical Aid Details***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Aid Scheme** | Click or tap here to enter text. | | | | | |
| **Medical Aid number** | Click or tap here to enter text. | | | | | |
| **Membership duration** | Start Date | | Click or tap to enter a date. | End Date | | Click or tap to enter a date. |
| **Are your the main member** | Yes |  | | No |  | |
| **Who is the main Member** | Click or tap here to enter text. | | | | | |
| **What is your relationship to the Main member** | | | Click or tap here to enter text. | | | |

***Emergency Contact Details***

|  |  |
| --- | --- |
| **Full name & address of Emergency Contact (In your home country)** | |
| **Contact person Name** | Click or tap here to enter text. |
| **Relationship to you** | Click or tap here to enter text. |
| **Cell no:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Alternative Contact number** | Click or tap here to enter text. |
| **Full name of Emergency Contact (In South Africa)** | |
| **Contact person Name** | Click or tap here to enter text. |
| **Relationship to you** | Click or tap here to enter text. |
| **Cell no:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

*If you are not the main member and belong to another person’s medical aid which is month to month and is paid for by a company a letter from the company is required to state that the person is still employed if the month to month is paid for by another person a letter is required that medical responsibility will remain theirs. If the medical aid is cancelled for any reason the VUT cannot be held liable for any claims.*

**Student Signature: Date:** Click or tap to enter a date.

**Documents to be summited *(All copies must be clear and in colour)***

|  |  |  |
| --- | --- | --- |
| **Study Visa Holder** | **Refugee / Asylum Seekers** | **Relative Visa (Dependent / Spousal)** |
| * Certified copy of passport * Certified copies of valid VUT study visa * Medical aid for 12 months | * Certified copy of Refugee / Asylum papers | * Certified copies of passport * Certified copies of valid relative endorsed to study at VUT |
|  |  |  |
| **Special Permits (Lesotho Special permit / Zimbabwean Exemption Permit** | **Diplomatic Visa** | **Student Pending Visa (VFS Receipt)** |
| * Certified copy of passport * Certified copies of Valid special permit for study * Medical aid for 12 months | * Certified copies of passport * Certified copies of Valid Diplomatic Visa * Medical Aid for 12 months | * Certified copies of passport * Copy of VFS receipt * Signed undertaking * Medical aid for 12 months |

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use only – Internationalisation**  **Document Referance number**  Was this form completed on behalf of the student Yes  No  **Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**  **Checked by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**  **Submitted for Registration**   |  |  |  | | --- | --- | --- | | **Yes** | **No** | **Comments** | |

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**POPI FORM**

**CONSENT TO PROCESS PERSONAL INFORMATION**

A. USE OF PERSONAL INFORMATION

1. The student, upon registration, signed a Student Agreement incorporating a consent to process personal information for academic and related purposes.
2. Further to the above-mentioned student agreement and consent, the VUT hereby provide the following information with respect to processing the student’s personal information for purposes of Immigration checking, and the student hereby provides the consent required by VUT for processing purposes.
3. The VUT is committed to protecting the student’s privacy and recognises that it needs to comply with statutory requirements in collecting, processing and distributing of personal information. The Constitution of the Republic of South Africa provides that everyone has the right to privacy and the Protection of Personal Information Act 4 of 2013 (“POPI”) includes the right to protection against unlawful collection, retention, dissemination and use of personal information. In terms of section 18 of POPI, if personal information is collected, the VUT, as responsible party, must take reasonably practical steps to ensure that the data subject is made aware of the information being collected.
4. In order to check immigration status of students, it is necessary to provide Verification suppliers and government agencies with personal information of the student, which personal information includes, but are not necessarily limited to a copies of supplied immigration paperwork (Passport), the student’s academic record and a copy of the Student’s ID. This information is distributed, usually by electronic means in the form of an email. This personal information to the selected agency is necessary for purposes of Legal immigration obligations.
5. In accordance with POPI, VUT hereby provides the following information:
   1. Type of Information: ID, immigration paperwork (Passport), Academic Record and related information required by potential agencies for purposes of checking immigration validity.
   2. Nature/category of Information: Personal information for academic and employment purposes.
   3. Purpose: Required for purposes of checking immigration validity academic programme and/or for protection of the legitimate interests of the parties and/or in terms of legislation.
   4. Source: From the student (data subject) directly.
   5. VUT details (Responsible party): Available on the VUT website.
   6. Voluntary/Mandatory: The student is required to provide the information voluntarily and understands that same is mandatory for purposes of the academic programme and the academic progression of the student.
   7. Legal Requirement: VUT may be required, directly or indirectly, in terms of Education and Labour legislation, (such as the Higher Education Act 101 of 1997(as amended), the Institutional Statute of the VUT, the Labour Relations Act 66 of 1995 (as amended), The Basic Conditions of Employment Act 75 of 1997 (as amended)), and other statutes such as the Financial Intelligence Centre Act 38 of 2001, King 3 or similar statutes, to collect the information in order to report to the Ministry of Education or other Government structures and for responsible record keeping and statistical purposes.
   8. Consequences of failure to provide: Failure to provide the information will result in a failure to place the student in terms of the academic regulations. This will result in the student not completing all the required modules which in turn may result in the student not obtaining the qualification for which the student was enrolled.
   9. Cross border transfer: Where necessary, the information may be shared with similar Higher Education Institutions in countries who subscribe to similar data protection laws. Where the information is shared with similar Higher Education Institutions which do not subscribe to similar data protection laws, VUT will enter into an agreement with such entity in terms whereof such entity will be liable to the protection of the PDRFs personal information.
   10. Recipients of personal information: The VUT, and government structures. Where necessary the information may be shared with other similar institutions.
   11. Access and right to amend: The student has the right to access and amend his/her personal information at any reasonable time.
   12. Right to object: The student is entitled to object to the use of information. However, such objection may lead to the student agreement being terminated as the information is required for valid reasons.
   13. Complaints: All complaints regarding the use of personal information may be directed to the Information Regulator.

B. CONSENT

1. The student (as data subject), by signing this document, hereby consents to the use of his/her personal information contained herein and confirms that:
   1. the information is supplied voluntarily, without undue influence from any party and not under any duress;
   2. the information which is supplied herewith is mandatory for the purposes of this agreement and that without such information, the VUT will not enter into agreement with the student;
   3. failure to provide the information will result in the academic programme remaining incomplete which will result in the VUT’s inability to award a qualification.
2. The student acknowledges that he/she is aware thereof that he/she has the following rights with regard to such personal information which is hereby collected. The right to:
   1. access the information at any reasonable time for purposes of rectification thereof;
   2. object to the processing of the information in which case this agreement will terminate in accordance with the provisions contained herein;
   3. lodge a complaint to the Information Regulator.

C. SIGNATORIES

Thus signed on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ in the presence of the undersigned witnesses:

|  |  |
| --- | --- |
| **WITNESSES:**  **1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Print Name (FOR VUT)**  **2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Signature

Thus signed on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ in the presence of the undersigned witnesses:

|  |  |
| --- | --- |
| **WITNESSES:**  **1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Print Name (STUDENT)**  **2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |