

3. Consent requirements

E-visionsa.org - Parental Consent Form for Career Profiling Service

Date: 21 February 2024

To the Parent(s) or Legal Guardian(s) of Learner's Full Name: _____

I, the undersigned, am the parent or legal guardian of [Learner's Full Name Israel Clarke], born on [Learner's Date of Birth 26/03/07], and I hereby grant my consent for them to participate in the career profiling service provided by E-visionsa.org utilizing the Holland Assessment.

Description of Service

The career profiling service offered by E-visionsa.org involves the use of the Holland Assessment, which assists learners in exploring potential career interests and pathways.

Consent

I hereby give my consent for [Learner's Full Name Israel Clarke] to participate in the career profiling service, including the completion of the Holland Assessment, as offered by E-visionsa.org.

Purpose of Data Collection

I understand that the purpose of collecting information, including personal data and assessment results, is solely for providing the career profiling service and to help [Learner's Full Name Israel Clarke] make informed decisions about their future career and educational choices.

Data Privacy and Confidentiality

I acknowledge that E-visionsa.org is committed to maintaining the confidentiality and privacy of [Learner's Full Name Israel Clarke]'s personal information and assessment results. I have reviewed and agree to the terms and conditions outlined in the E-visionsa.org Client Confidentiality Policy.

Right to Access and Control

I understand that, as the parent or legal guardian, I have the right to access [Learner's Full Name Israel Clarke]'s data and exercise control over it,

including requesting access, rectification, deletion, or limiting data processing. I can do so by contacting support@evisionsa.org.

Data Retention

I acknowledge that E-visionsa.org will retain [Learner's Full Name Israel Chauke] 's personal information and assessment results for as long as necessary to provide the service and as required by law.

Contact Information

If I have any questions, concerns, or requests related to [Learner's Full Name Israel Chauke] 's participation in the career profiling service, I can contact support@evisionsa.org.

By signing below, I confirm that I have read and understood the information provided in this consent form and agree to allow [Learner's Full Name Israel Chauke] to participate in the career profiling service offered by E-visionsa.org.

Parent's or Legal Guardian's Name: [Your Full Name Freddy Chauke]

Date: [Date 2/6/2024]

Signature: Freddy Chauke

[Signature by administrator _____]