

### 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: Marko P. Mijic

I, the undersigned, am the parent or legal guardian of [Learner's Full Name Marko P. Mijic], born on [Learner's Date of Birth 8/15/2007], 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 Marko P. Mijic] 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 Marko P. Mijic] 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 Marko P. Mijic]'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 Marko P. Mijic]'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 Yvonne M. M. M. M.] '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 Yvonne M. M. M. M.] '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 Yvonne M. M. M. M.] to participate in the career profiling service offered by E-visionsa.org.

**Parent's or Legal Guardian's Name:** [Your Full Name M. B. T. M. M. M.]

**Date:** [Date 2/10/2024]

**Signature:** M. B. T. CHUMA

[Signature by administrator \_\_\_\_\_]