

POPIA, DATA PROTECTION & MEDIA CONSENT FORM

(Beneficiaries & Parents / Legal Guardians)

Beneficiary Full Name: _____

ID / Passport Number: _____

If the beneficiary is a minor: _____

Parent / Legal Guardian Name: _____

Contact Number: _____

Residential Address: _____

The Sweethearts Foundation collects and processes personal, medical and related information for the purposes of:

- Assessing eligibility for assistance
- Procuring and issuing mobility devices and support
- Coordinating events, handovers and follow-ups
- Ensuring safeguarding and wellbeing
- Meeting legal, regulatory, donor and audit requirements
- Monitoring outcomes and impact

Categories of Information Collected

(Tick all that apply)

- Personal identification details
- Contact information
- Medical and mobility-related information
- Safeguarding and care-related information
- Event attendance and participation details
- Monitoring, reporting and follow-up data
- Images, video, audio recordings and personal stories

In terms of the Protection of Personal Information Act (POPIA):

- Your information will be processed lawfully, fairly and securely.
- You may request access to, or correction of, your personal information at any time.
- You may request deletion of your data, except where the Foundation is legally or ethically required to retain it for:
 - ◆ Safeguarding and child-protection obligations
 - ◆ Legal and regulatory compliance
 - ◆ Donor, sponsor and grant reporting
 - ◆ Audits and financial controls
 - ◆ Medical and assessment records
 - ◆ Operational and impact reporting



The Sweethearts Foundation
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PBO Number: 930055317

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- In such cases, The Sweethearts Foundation is entitled to lawfully retain the minimum required information.

I understand that The Sweethearts Foundation relies on storytelling and public awareness to raise funds and support beneficiaries.

I therefore grant permission for The Sweethearts Foundation and its partners, sponsors, donors, corporate supporters, media partners, schools, and community organisations to use and share:

- My / my child's name
- Photographs, video and audio recordings
- Personal story and progress updates

for purposes including, but not limited to:

- Social media
- Websites
- Newsletters
- Annual reports
- Donor and sponsor reports
- Marketing, advocacy and awareness campaigns
- Press, media and public communications

This consent applies to all current and future Sweethearts Foundation supporters who lawfully receive this content from the Foundation.

Consent Declaration

I hereby confirm that:

- I have read and understood this consent form
- The information provided is true and correct
- I voluntarily give consent for the processing and use of my / my child's personal information and media as described above
- I understand that I may withdraw consent for future use by contacting The Sweethearts Foundation in writing, subject to lawful retention requirements.

Beneficiary / Parent / Legal Guardian Name: _____

Signature: _____

Date: _____