

# CONSENT TO PROCESS PERSONAL INFORMATION

## In Terms of the Protection of Personal Information Act (POPIA)

This Consent Form is entered into between:

The Sweethearts Foundation  
("the Foundation")

and

Full Name of Beneficiary: \_\_\_\_\_  
ID / Birth Certificate Number: \_\_\_\_\_

and/or

Full Name of Guardian / Representative (if applicable): \_\_\_\_\_  
ID Number: \_\_\_\_\_

## 1. PURPOSE OF COLLECTION OF INFORMATION

The Foundation collects and processes personal information for the purpose of:

- Assessing and verifying wheelchair applications
- Confirming financial and medical eligibility
- Communicating with the beneficiary or guardian
- Arranging medical or occupational assessments
- Procuring and delivering a wheelchair
- Reporting to donors, partners, and regulatory bodies
- Hosting wheelchair handover ceremonies
- Maintaining internal records
- Monitoring impact and compliance

Personal information will only be processed for these legitimate purposes.

## 2. INFORMATION TO BE PROCESSED

The information collected may include:

- Full names, ID numbers, and contact details
- Physical and postal addresses
- Medical diagnoses and medical reports
- Financial information and proof of income
- Medical aid details
- Photographs, video recordings, and voice recordings
- Assessment reports from healthcare professionals

This may include special personal information, such as medical information, as defined under POPIA.

### 3. CONSENT

By signing this document:

I confirm that:

- I voluntarily provide my personal information (or the beneficiary's information).
- I understand the purpose for which it is being collected.
- I give The Sweethearts Foundation permission to process this information for the purposes stated above.
- If I am signing on behalf of the beneficiary, I confirm that I am legally authorised to do so.

I understand that without this consent, the Foundation will not be able to process the wheelchair application.

### 4. SHARING OF INFORMATION

I acknowledge that personal information may be shared with:

- Approved wheelchair manufacturers
- Occupational therapists or medical professionals
- Logistics Partners
- Recycling Partners (for reporting purposes only)
- Regulatory authorities where legally required
- Donors or funding partners (where necessary and appropriately limited)

The Foundation will take reasonable steps to ensure that any third party receiving information maintains appropriate confidentiality and data protection standards.

### 5. PHOTOGRAPHY, VIDEO, AND MEDIA CONSENT

I consent to The Sweethearts Foundation photographing, filming, or recording the beneficiary during assessments, handover ceremonies, or related activities.

I understand that these recordings may be used for:

- Social media
- Website content
- Reports to donors
- Marketing and awareness campaigns
- Printed promotional material

I understand that:

- No financial compensation will be provided.
- The recordings remain the property of The Sweethearts Foundation.
- I may withdraw media consent in writing, but this will not affect material already published.

(Please tick one)

- I consent to photography and media use  
 I do NOT consent to photography and media use

## 6. STORAGE AND SECURITY

The Foundation undertakes to:

- Store personal information securely
- Limit access to authorised personnel only
- Take reasonable technical and organisational measures to prevent loss, misuse, or unauthorised access
- Retain information only for as long as necessary for lawful purposes

## 7. RIGHTS OF THE DATA SUBJECT

I understand that I have the right to:

- Access my personal information
- Request correction of inaccurate information
- Request deletion of information where applicable
- Withdraw consent (subject to legal and contractual limitations)
- Lodge a complaint with the Information Regulator of South Africa

Requests must be made in writing to: [hello@sweetheartsfoundation.org](mailto:hello@sweetheartsfoundation.org)

## 8. WITHDRAWAL OF CONSENT

I understand that I may withdraw my consent at any time by submitting a written request.

However, I acknowledge that:

- Withdrawal of consent may result in the cancellation or suspension of the wheelchair application process.
- The Foundation may retain certain information where required by law or legitimate interest.

## 9. DECLARATION

I confirm that:

- I have read and understood this Consent Form.
- I have had the opportunity to ask questions.
- I voluntarily agree to the processing of personal information as described above.

Signed at \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of Beneficiary: \_\_\_\_\_

OR

Signature of Guardian / Representative: \_\_\_\_\_

Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_