



Protection of Personal Information Privacy Notice

This Notice explains how we obtain, use and disclose your personal information, in accordance with the requirements of the Protection of Personal Information Act ("POPIA").

The Drone Ops Group is a culmination of drone service companies merged into one to provide trusted drone service solutions. The Drone Ops Group consists of RPAS Training Academy, Advanced Aerial and Drone Ops (Pty) Ltd.

The Information we collect

We collect and process your personal information for the purpose of recruitment of this skills programme and to ensure that you meet the minimum criteria. For this purpose we will collect contact details, work history, employment status and a medical questionnaire to ensure that you are fit to pass the Aviation Class III Medical Examination.

How we use your information

We will use your personal information only for the purposes for which it was collected and agreed with you. In addition, where necessary your information may be retained for legal or research purposes.

For example:

- To gather contact information.
- To confirm and verify your identity or to verify that you are an authorised user for security purposes.
- For the detection and prevention of fraud, crime, money laundering or other malpractice.
- To conduct market or customer satisfaction research or for statistical analysis.
- For audit and record keeping purposes.
- In connection with legal proceedings.

Disclosure of information

we may disclose your personal information to our service providers who are involved in the delivery of products or services to you. We have agreements in place to ensure that they comply with the privacy requirements as required by the Protection of Personal Information Act.

We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law or industry codes;
- Where we believe it is necessary to protect our rights.

Information Security

We are legally obliged to provide adequate protection for the personal information we hold and to stop unauthorized access and use of personal information. We will, on an on-going basis, continue to review our security controls and related processes to ensure that your personal information remains secure.

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Our security policies and procedures cover:

- Physical security.
- Computer and network security.
- Access to personal information.
- Secure communications.
- Security in contracting out activities or functions.
- Retention and disposal of information;
- Acceptable usage of personal information.
- Governance and regulatory issues.
- Monitoring access and usage of private information.
- Investigating and reacting to security incidents

When we contract with third parties, we impose appropriate security, privacy and confidentiality obligations on them to ensure that personal information that we remain responsible for is kept secure.

We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to

Your Rights: Access to Information

You have the right to request a copy of the personal information we hold about you. To do this, simply contact us at the numbers/addresses provided on our website and specify what information you require. We will need a copy of your ID document to confirm your identity before providing details of your personal information.

Correction of your information

You have the right to ask us to update, correct or delete your personal information. We will require a copy of your ID document to confirm your identity before making changes to personal information we may hold about you. We would appreciate it if you would keep your personal information accurate.

Definition of personal Information

According to the Act "personal information" means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person. Further to the POPI Act, COR Concepts also includes the following items as personal information:

- All addresses including residential, postal and email addresses.
- Change of name - for which we require copies of the marriage certificate or official change of name document issued by the state department.

How to contact us

If you have any queries about this notice; you need further information about our privacy practices; wish to withdraw consent; exercise preferences or accessor correct your personal information, please contact us at the numbers/addresses listed on our website.



PSiRA
Private Security Industry Regulatory Authority

NOTE: By submitting your application, you acknowledge and agree to the above.



IN PARTNERSHIP WITH
SACAA/1121/ATO



RPAS
TRAINING

Drone Program Application Form

| | | | |
|---|--|-------------------------------|---------------|
| Intervention | Drone Piloting | Learning Programme | RPC Programme |
| Programme Details | TBC | | |
| Training Provider Name | RPAS Training Academy | | |
| Learner Surname: | | | |
| Learner Full Names: | | | |
| Identity Number (RSA) (Attach certified copy of ID) | | | |
| Alternative ID Number | | | |
| Alternative ID Type (X) | Passport | Refugee Permit | |
| Nationality | South African | | |
| Below 35 Years? (X) | | Yes | No |
| Gender (X) | | Yes | No |
| Equity (X) | African | Indian | Coloured |
| Do you have a Disability, as stipulated by the Employment Act 55 of 1998? (X) | | Yes | No |
| If yes, please specify: | | | |
| Employed: (X) | | Yes | No |
| If Employed Provide: | Occupation: | Number of Years in Occupation | |
| | Company Name: | | |
| Home Address: | Postal Address (If different from Home Address) | | |
| | | | |
| | | | |
| | | | |
| Postal Code | | Postal Code | |
| Telephone / Cell | | | |
| E-mail Address: | | | |
| Are you a South African Citizen? (X) | | Yes | No |
| Home Language (X) | Afrikaans | IsiZulu | Sepedi |
| | Setshwana | IsiXhosa | |
| | Other:Specify | | |
| Highest level of highest Education attained? | *Please attach copy of highest qualification, if other than Matric | | |
| Last School Attended (If not High School, provide Primary School name) | *Please attach copy of Matric Certificate | | |
| Last Year Attended School above | | | |
| Learner Declaration and consent (X) | <input type="checkbox"/> I hereby declare the information above is true and correct <input type="checkbox"/> Furthermore, I agree that this information be utilised by merSETA for reporting purposes | | |
| Learner Signature | | Date | |

Do you have, or have you ever had, any of the following?
Please tick in the box yes or no. If the box is ticked yes, give details in remarks section.

| Nr | Question | Yes | No |
|-----|--|-----|----|
| 1. | Eye Trouble/Eye Operation | | |
| 2. | Spectacles or contact lenses | | |
| 3. | Hay fever, other allergies | | |
| 4. | Asthma, lung diseases | | |
| 5. | Heart or vascular trouble | | |
| 6. | High or low blood pressure | | |
| 7. | Kidney stone or blood in urine | | |
| 8. | Diabetes, hormone disorder | | |
| 9. | Stomach, liver or intestinal trouble | | |
| 10. | Deafness, ear disorder | | |
| 11. | Nose, throat or speech disorder | | |
| 12. | Head injury or concussion | | |
| 13. | Frequent or severe headaches | | |
| 14. | Dizziness or fainting spells | | |
| 15. | Unconsciousness for any other reasons | | |
| 16. | Neurological disorders: stroke, epilepsy, seizure, paralysis, etc. | | |
| 17. | Psychological/psychiatric trouble of any sort | | |
| 18. | Alcohol/drug/substance abuse | | |
| 19. | Depression | | |
| 20. | Motion sickness requiring medication | | |
| 21. | Anamia/sickle cell trait, other blood disorders | | |
| 22. | Malaria or other tropical diseases | | |
| 23. | A positive HIV test | | |
| 24. | Sexually transmitted disease | | |
| 25. | Sleep disorders/apnoea syndrome | | |
| 26. | Musculoskeletal illness/impairment | | |
| 27. | Any other illness or injury | | |
| 28. | Admission to hospital | | |
| 29. | Refusal of pilot license | | |
| 30. | Medical rejection | | |

Remarks: If any box above was ticked yes, explain and state if it is a past issue or still a current issue.

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Family Medical History. Please tick In the box yes or no. If the box is ticked yes, give details In remarks section.

| Nr | Question | Yes | No |
|-----|-----------------------|-----|----|
| 1. | Heart disease | | |
| 2. | High Blood pressure | | |
| 3. | High cholesterol | | |
| 4. | Epilepsy | | |
| 5. | Mental illness | | |
| 6. | Diabetes | | |
| 7. | Tuberculosis | | |
| 8. | Allergy/asthma/eczema | | |
| 9. | Inherited disorders | | |
| 10. | Glaucoma | | |
| 11. | Other | | |

Remarks: If any box above was ticked yes, explain and state if it is a past issue or still a current issue.

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I declare that the above medical information provided is true and correct.

| | | | |
|-----------|--|------|--|
| Name | | | |
| Surname | | | |
| Signature | | Date | |

Document Checklist

| Nr | Document | Yes | No |
|----|---|-----|----|
| 1. | Certified copy of Identity Document | | |
| 2. | Certified copy of Matric Certificate | | |
| 3. | Certified copy of Highest Qualification | | |
| 4. | CV | | |
| 5. | Completed Application Form | | |
| 6. | Completed Medical Questionnaire | | |

**Ensure that copies are clear and readable.
Where possible, make colour copies of documents.
Certification should not be older than 3 months.**

Application Form and supporting documents must be submitted to:

droneprogramme@psira.co.za



See You There!



PSiRA
Private Security Industry Regulatory Authority