***International Student Biographical Info Form-2025***

**Completed Yes  No**

**Sup Doc Received Yes  No**

**Outstanding docs Yes  No**

**Filed to the Share drive Yes  No**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***First-Year Student  / Senior Students  / Post Graduate  / WIL***

***This form must be completed in full by typing in the allowed fields (No handwritten forms will be accepted). Once completed email to*** [***internationalveri@vut.ac.za***](mailto:internationalveri@vut.ac.za) ***(no other email address)***

***You are cautioned that all the information provided here will be verified, and the presentation of false information might jeopardise your position in this University***

***Personal Details***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | Click or tap here to enter text. | | | | | | | | | | | | |
| **First names in full:** | Click or tap here to enter text. | | | | | | | | | | | | |
| **Date of birth (dd/mm/yy)** | Click or tap to enter a date. | | | **Gender** | | | | Male | |  | Female | |  |
| **Marital Status:** | Single |  | Divorced | | |  | | |
| Married |  | Widow / er | | |  | | |
| **Student no** | | | Click or tap here to enter text. | | | | | | | | | | |
| **Name of the course** | | | Click or tap here to enter text. | | | | | | | | | | |
| **Residence status while at VUT** | | | **Private** | |  | | **VUT Residence** | | | | |  | |
| **Address of Private Residence (Must be completed (House number, Street Name, and the area)** | | | Click or tap here to enter text. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Address of VUT Residence (Must be completed which Residence have you been assigned to including room number and building)** | | | Click or tap here to enter text. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Email:** | | | Click or tap here to enter text. | | | | | | | | | | |
| **Cell no:** | | | Click or tap here to enter text. | | | | | | | | | | |

***Immigration Status Details***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Country of origin:** | Click or tap here to enter text. | | **Citizenship** | | | Click or tap here to enter text. | |
| **Passport no:** | Click or tap here to enter text. | | **Passport Expiry date:** | | | Click or tap to enter a date. | |
| **Immigration Status in South Africa** | Refugee | Asylum seeker | | Study Permit | | | Other Status |
| **Permit No:** | Click or tap here to enter text. | | | | | | |
| **Permit issue date** | Click or tap to enter a date. | | | | | | |
| **Permit Expire date** | Click or tap to enter a date. | | | | | | |
| **Comments on Renewal or status** | | Click or tap here to enter text. | | | | | |
| **Are you registering with VFS Slip?** | | Yes | | | No | | |
| **If yes indicate the VFS Slip Ref number** | | Click or tap here to enter text. | | | | | |

***Medical Aid Details***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Aid Scheme** | Click or tap here to enter text. | | | | | |
| **Medical Aid number** | Click or tap here to enter text. | | | | | |
| **Membership duration** | Start Date | | Click or tap to enter a date. | End Date | | Click or tap to enter a date. |
| **Are you the main member** | Yes |  | | No |  | |
| **Who is the main Member** | Click or tap here to enter text. | | | | | |
| **What is your relationship with the Main member** | | | Click or tap here to enter text. | | | |

***Emergency Contact Details (please ensure that this information is correct)***

|  |  |
| --- | --- |
| **Full name & address of Emergency Contact (In your home country)** | |
| **Contact person Name** | Click or tap here to enter text. |
| **Relationship to you** | Click or tap here to enter text. |
| **Cell no:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Alternative Contact number** | Click or tap here to enter text. |
| **Full name of Emergency Contact (In South Africa)** | |
| **Contact person Name** | Click or tap here to enter text. |
| **Relationship to you** | Click or tap here to enter text. |
| **Cell no:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

*If you are not the main member and belong to another person’s medical aid which is month to month and is paid for by a company a letter from the company is required to state that the person is still employed if the month-to-month is paid for by another person a letter is required that medical responsibility will remain theirs. If the medical aid is canceled for any reason the VUT cannot be held liable for any claims.*

**Student Signature: Date:** Click or tap to enter a date.

**Documents to be summited *(All copies must be clear and in colour, the scan must be PDF, not Jpeg)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Study Visa Holder | | Refugee / Asylum Seekers | | Relative Visa (Dependent / Spousal) | |
| * Certified copy of passport * Certified copies of valid VUT study visa * Medical Aid for 12 months |  | * Certified copy of Refugee / Asylum papers * Full-Colour copy of the original |  | * Certified copies of passport * Certified copies of valid relative endorsed to study at VUT |  |
|  | | | | | |
| Special Permits (Lesotho Special permit / Zimbabwean Exemption Permit | | **Diplomatic Visa** |  | **Student Pending Visa (VFS Receipt)** |  |
| * Certified copy of passport * Certified copies of Valid special permit for study * Medical aid for 12 months |  | * Certified copy of passport * Certified copies of Valid Diplomatic Visa * Medical aid for 12 months |  | * Certified copies of passport * Copy of VFS receipt * Signed undertaking. * Medical aid for 12 months |  |
|  | | | | | |
| Work Integrated Learning |  | **Medical Aid Rules and Exemptions** | | | |
| * Certified copy of passport * Certified copies of Valid special permit for study * Medical aid for 12 months * Signed Will form * Proof of payment * Letter from the company |  | * Medical aid must be a medical aid, not a Medical Insurance * Medical aid must be registered South African Medical aid provider. * Medical aid must be for a full 12-month period. * Exemption will only be granted if you are or have done your WIL in your home country and the visa is no longer valid. * For all medical aid inquiries please contact [lydia2@vut.ac.za](mailto:lydia2@vut.ac.za) | | | |

**CONSENT TO PROCESS PERSONAL INFORMATION (POPIA)**

***This form is mandatory for signature please initial at the bottom of the first page and sign in full under student on the second page***

**A. USE OF PERSONAL INFORMATION**

1. The student, upon registration, signed a Student Agreement incorporating consent to process personal information for academic and related purposes.
2. Further to the above-mentioned student agreement and consent, the VUT hereby provides the following information concerning processing the student’s personal information for purposes of Immigration checking, and the student hereby provides the consent required by VUT for processing purposes.
3. The VUT is committed to protecting the student’s privacy and recognises that it needs to comply with statutory requirements in collecting, processing, and distributing personal information. The Constitution of the Republic of South Africa provides that everyone has the right to privacy and the Protection of Personal Information Act 4 of 2013 (“POPI”) includes the right to protection against unlawful collection, retention, dissemination, and use of personal information. In terms of section 18 of POPI, if personal information is collected, the VUT, as the responsible party, must take reasonably practical steps to ensure that the data subject is made aware of the information being collected.
4. To check the immigration status of students, it is necessary to provide Verification suppliers and government agencies with personal information of the student, which personal information includes, but is not necessarily limited to a copy of supplied immigration paperwork (Passport), the student’s academic record and a copy of the Student’s ID. This information is distributed, usually by electronic means in the form of an email. This personal information to the selected agency is necessary for purposes of Legal immigration obligations.
5. In accordance with POPI, VUT hereby provides the following information:
   1. Type of Information: ID, immigration paperwork (Passport), Academic Record, and related information required by potential agencies for purposes of checking immigration validity.
   2. Nature/category of Information: Personal information for academic and employment purposes.
   3. Purpose: Required for purposes of checking immigration validity, academic programme, and/or for protection of the legitimate interests of the parties and/or in terms of legislation.
   4. Source: From the student (data subject) directly.
   5. VUT details (Responsible Party): Available on the VUT website.
   6. Voluntary/Mandatory: The student is required to provide the information voluntarily and understands that same is mandatory for purposes of the academic programme and the academic progression of the student.
   7. Legal Requirement: VUT may be required, directly or indirectly, in terms of Education and Labour legislation, (such as the Higher Education Act 101 of 1997(as amended), the Institutional Statute of the VUT, the Labour Relations Act 66 of 1995 (as amended), The Basic Conditions of Employment Act 75 of 1997 (as amended)), and other statutes such as the Financial Intelligence Centre Act 38 of 2001, King 3 or similar statutes, to collect the information in order to report to the Ministry of Education or other Government structures and for responsible record keeping and statistical purposes.
   8. Consequences of failure to provide: Failure to provide the information will result in a failure to place the student in terms of the academic regulations. This will result in the student not completing all the required modules which in turn may result in the student not obtaining the qualification for which the student was enrolled.
   9. Cross-border transfer: Where necessary, the information may be shared with similar Higher Education Institutions in countries that subscribe to similar data protection laws. Where the information is shared with similar Higher Education Institutions which do not subscribe to similar data protection laws, VUT will enter into an agreement with such entity in terms whereof such entity will be liable to the protection of the PDRFs personal information.
   10. Recipients of personal information: The VUT, and government structures. Where necessary the information may be shared with other similar institutions.
   11. Access and right to amend: The student has the right to access and amend his/her personal information at any reasonable time.
   12. Right to object: The student is entitled to object to the use of information. However, such an objection may lead to the student agreement being terminated as the information is required for valid reasons.
   13. Complaints: All complaints regarding the use of personal information may be directed to the Information Regulator.

Student Initials \_\_\_\_\_\_\_\_\_\_\_

Staff Initials \_\_\_\_\_\_\_\_\_\_\_\_

**B. CONSENT**

1. The student (as data subject), by signing this document, hereby consents to the use of his/her personal information contained herein and confirms that:
   1. the information is supplied voluntarily, without undue influence from any party, and not under any duress.
   2. the information which is supplied herewith is mandatory for the purposes of this agreement and that without such information, the VUT will not enter into an agreement with the student.
   3. failure to provide the information will result in the academic programme remaining incomplete which will result in the VUT’s inability to award a qualification.
2. The student acknowledges that he/she is aware thereof that he/she has the following rights with regard to such personal information which is hereby collected. The right to:
   1. access the information at any reasonable time for purposes of rectification thereof;
   2. object to the processing of the information in which case this agreement will terminate in accordance with the provisions contained herein;
   3. lodge a complaint to the Information Regulator.

**C. SIGNATORIES**

**Student Signature**

Thus signed on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

|  |  |
| --- | --- |
| **Name, Surname & Student number:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Staff member signature**

Thus signed on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ in the presence of the undersigned witnesses:

|  |  |
| --- | --- |
| **Name, Surname & Staff number:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Staff Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please note this document will not be processed if the following is not adhered to**

1. The document must be scanned in a **PDF format** only any other format will not be processed.
2. All documents must be typed **no handwritten** documents will be accepted.
3. All the required supporting documents must be in full colour and must be legible dark and eligible documents will not be processed.
4. All supporting documents must be certified not older than 3 months.
5. The documents must only be sent to [internationalveri@vut.ac.za](mailto:internationalveri@vut.ac.za) no other email address will process the verification.
6. Documents that are found to be fraudulent will immediately be reported and you will be blocked due to fraudulent activities you will not be able to register or continue with studies until an investigation and hearing have been concluded.
7. **DO NOT** buy medical aid from unlicensed agents or students contact [lydia2@vut.ac.za](mailto:lydia2@vut.ac.za) for help with medical aid applications.
8. Students found to do improper or fraudulent registration will be blocked until an investigation and hearing have been concluded.
9. **DO NOT PAY ANYBODY TO DO YOUR REGISTRATION OR BUY YOUR MEDICAL AID OR SUBMIT DOCUMENTATION ON YOUR BEHALF. IF FRAUDULENT DOCUMENTS ARE SUBMITTED YOU WILL BE HELD RESPONSIBLE.**