



## ISACA SOUTH AFRICA CHAPTER SAQA DATA COLLECTION FORM

Member ID	Title

First Name*	Middle Name	Last Name*

Identity Number*	Gender*
Alternate ID Type if Identity Number is not available	Alternative ID Number
Nationality	Home Language
Race*	Socioeconomic Status
Citizen Resident Status	

Disability Status*	
Ability to Hear*	
Ability to See*	
Ability to Walk*	
Ability to Remember*	
Ability to Take Care of Self*	

Home Address	Suburb	
City	Code	
Postal Address	Suburb	
City	Code	
Email*	Work Telephone Number*	
Mobile Telephone Number*	Fax Number*	
Certification Name	Yes/No	Date Certified
CISA		
CISM		
CRISC		
CGEIT		



## 1. CONSENT

1. By completing and submitting this form, you'll be sharing your personal information with the ISACA South Africa Chapter. We require this information:
  - To communicate with you;
  - To provide a better service to you, such as ensuring that we address accessibility requirements at our regional events; and
  - To fulfill reporting requirements submission to the NLRD as required by the South African Qualifications Authority (SAQA).
2. As ISACA International does not collect all of the personal information required by SAQA, the ISACA South Africa Chapter uses this form to collect the remaining information directly from our members. The ISACA South Africa Chapter is committed to giving effect to the constitutional right to privacy. You can read more about our stance on privacy here ([Our Privacy Policy](#)) and can send any questions to [saqa@isaca.org.za](mailto:saqa@isaca.org.za).

☐ I understand the purpose for which ISACA is collecting my personal information.

☐ I have read the privacy policy and give consent to ISACA using the information for the stated purpose of submission to the NLRD as required by the South African Qualifications Authority (SAQA).

☐ I would like to partake in a lucky draw for a chance to win a FREE ISACA SA Chapter virtual workshop ticket.

## 2. DECLARATION

1. I hereby confirm that all details supplied in this application are true and correct.

**Signature of  
Member:**

**Date:**