

1. Applicant Personal Details

*First Name: *Surname: *Organisation: *E-mail: *Cell Number: ID Number:

*Please attach a copy of your ID to this application

2. Project Details

Name of Project: Project start date: Project end date:

*Please attach a copy of your MOU signed with the province and / or other evidence of permission to work with the schools. Please also attach any other documents outlining the details of the project.

3. Motivation for DDD Dashboard Access

3.1. Please provide a short description of the activities you and your organisation are conducting in the province.

3.2. Please supply the reasons why you require access to the DDD Dashboard.

3.3. If you require Personal Information (PI) view please tick the box alongside and provide the additional motivation for this type of DDD access below.

PI View Required:

4. User Declarations

I, , ("the User") hereby acknowledge that –

4.1. Subject to the conditions below, the Eastern Cape Department of Education ("ECDoE") has agreed to grant the User access to the data hosted on the Data Driven Districts Dashboard ("the Dashboard").

4.2. The information hosted on the Dashboard includes the confidential and proprietary information ("the Data") of the ECDoE on school performance and individual learners and educators.

4.3. The User further acknowledges that:

4.3.1. the restrictions pertaining to the processing of personal information as laid out in the Protection of Personal Information Act [No. 4 of 2013] are fully understood by the User;

4.3.2. the restrictions pertaining to the public dissemination of information below a district level as laid out in the policy statement "Improving Access to Free and Quality Basic Education to All" of 2003 are fully understood by the user;

4.3.3. the Data is disclosed to the User in confidence and solely in connection with and in furtherance of the intended purposes listed in Section 2 above;

4.3.4. the User will keep the Information strictly confidential;

4.3.5. the User will provide proper and secure storage for all the Data disclosed to the User and shall ensure that it is not accessible to unauthorised persons;

4.3.4. the User will not turn the Data to account for the User's benefit or for the benefit of any other person;

4.3.5. any insights and findings from research conducted by the User with the Data will be shared with the ECDoE.

Signature of Applicant: _____

I declare that the information provided in this application form is true and correct

Signature of Applicant: _____ Date: _____

5. School List and School List Approval

5.1. Please attach to this application a table in the format below containing the information for the schools which you and your organisation support. This list will also use this information to create a tailored view on the Dashboard that contains only these schools.

School Name	District	Circuit	School EMIS Number

5.2. Provincial / District Official School List Approval. Please source a signature from a relevant Provincial or District Official who can verify that the list you have provided represents the schools that you and your organisation are supporting.

School list verified by: Designation:

Signature of Official: _____ Date: _____

6. Access Permission (for official use only)

EMIS Official Approval

Application authorized by: Designation:

Signature of Authoriser: _____ Date: _____