CONFIDENTIAL WHEN FILLED OUT



Applicant/Individual/Data Subject Indemnity & Consent for Psychometric Assessments

DEAR SIR / MADAM

| You w | ill be p | | _ | | | | | | | | | | _ | | are i | mp | ortar | nt to | the | pos | ition | tha | ıt yo | ɔu a _l | ρplie | ed f | or at | : |
|--|--------------|--------|---|-------------|-------------------|------|------|------|--------|----------------|-------------|-----------------|-------|--------|-----------|------|-------|-------|------|-----|-------|-------|--------|-------------------|-------|-----------|-------|--------------------|
| The results of this assessment will be used for your | | | | | | | | | | | RECRUITMENT | | | / | DEVELOPMI | | | PME | NT | | (k | indl | ly cir | cle t | corre | ect one | | |
| | elopin | g you | full | | | | | | | | | | | | | | | | | | | | | | | | | ist you nsight, |
| The la | | eans t | hat tl | ne info | orma [.] | tion | will | only | / be l | kept | by E | mplo | ylns | sight, | and | the | assi | gne | d co | mpa | any a | ıs in | dica | ated | abo | ove, | and | ır data. under |
| Furthe Psycho | | | resu | ts wil | not | be r | elea | ased | to ar | n inap | opro | priate | : / u | ınqua | alifie | d in | divid | ual | with | out | the | app | rova | al of | the | Psy | ycho | logist / |
| Please | fill in y | our ir | form | ation: | | | | | | | | | | | | | | | | | | | | | | | | |
| Surn | ame: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full I | Vames | : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | of Birt | h: | Υ | Y | Υ | - | N | И М | - | D | D | ID N | umi | ber: | | | | | | | | | | | | | | |
| Cell I | Numbe | r: | | | | | | | | | | Ema | ıil A | ddres | s: | | | | | | | | | | | | | |
| Pleas | e tick A. | I he | reby | - | my <u>iı</u> | nfor | me | d cc | | e <u>nt</u> to | рар | osych | om | etric | ass | ess | mer | nt ar | nd a | ckn | owle | edge | e th | ıat I | am | <u>vo</u> | lunt | arily |
| | В. | I he | ereby <u>acknowledge</u> that I am entitled to feedback in terms of the Promotion of Access to Information Act, wever, the cost of the feedback may be at my own expense. I also take into consideration that not all sults (raw scores) are available for feedback, but that I am entitled to feedback on the generated results. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | C. | con | cknowledge that in accordance with the Protection of Personal Information Act and code of ethical nduct for the profession of Psychology, my test results are highly confidential and may not be mmunicated to anyone without my consent. I further take notice that test results must be stored securely d confidentially for five years. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | D. | agr | I hereby <u>agree</u> to release my psychometric results to the recruiter/company. I hereby acknowledge that by agreeing to the release of my results, the recruiter/company will have more suitable information about me, hence possibly increasing the likelihood of successful employment or development. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | E. | | | | | | | | | | | ıtilize kept | | | | | eard | h p | urp | ose | s, h | owe | vei | r, er | nsur | ring | the | test |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Sigi | atur | | | | ••• | | | | | ame BLOC | | | | | | | | | | | | D | ate | | | |