



CONFIDENTIAL

In order to register / modify / de-activate / terminate a user account for PMPS, you are requested to complete this application form and have it recommended, signed by your line manager and submitted to the relevant official indicated at the end of this application form.

AS PER AUDIT REQUIREMENTS, UNSIGNED AND INCOMPLETE APPLICATIONS WILL BE REJECTED

Please Note: In terms of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013) ("POPIA")

- The information provided in this application form will solely be processed for the PMPS User Access Accounts as well as reporting of these accounts to the WCED Auditor General and respective Internal System Forums.
- The information provided in this application form will not be used for any other purpose which is incompatible with the purpose for which it was collected.
- By completing this form, you are giving the WCED PMPS System Administrator consent to use your personal information to process this application form.
- If your application is approved and you are granted access to the WCED System, you undertake not to share personal information of other persons obtained from the system, unless it is shared within the organisation for legitimate educational purposes.
- Non-compliance with this form and POPIA by the employees may result in disciplinary action being taken against them. Consequences may include disciplinary action and possible termination of employment, and/or legal proceedings to recover any loss or damage to the organisation, including the recovery of any fines or administrative penalties imposed by the Information Regulator on the organisation in terms of POPIA.

SECTION A – APPLICANT PERSONAL DETAILS (ALL FIELDS ARE MANDATORY)

PERSAL number / T Number																				
Identity Number																				
Surname															Name					
Job Title/ Rank																				
Contact Number																				
Email																				
Directorate/ Education District															Circuit No					
Sub-directorate/ School Name																				
Permanent/Contract																				
Pay Master Access (Indicate with a "x")	Yes									No										
Pay Master Access is granted by the Directorate: Financial Accounting (D: FA) A copy of the application form must also be sent to WCED.Payslips@westerncape.gov.za . All Pay Master (CPS) related queries can be directed to the D: FA																				

Terminate Existing User Access (Please ignore if new application)							
Reason for termination	Deceased		Retired		Resignation		Contract expiry
Other (Please specify)							

Applicant Signature				Date		
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SECTION B – SUPERVISOR APPROVAL (ALL FIELDS ARE MANDATORY)

Approval by Supervisor	Approved			Not approved		
Motivation by Supervisor: (Indicate reason for access)					
Supervisor Name				Supervisor Rank		
Supervisor Signature				Date		



DECLARATION OF SECRECY

I..... (full name) solemnly declare that:

1. I have taken note of the provisions of the Protection of Information Act (Act 84 of 1982) and in particular of the provisions of section 4 of the Act;
2. I understand that I shall be guilty of an offence if I reveal any information which I have at my disposal by virtue of my office and concerning which I know or should reasonably know that the security or other interests of the Republic require that it be kept secret from any person other than a person
 - To whom I may lawfully reveal it; or
 - To whom it is my duty to reveal it in the interests of the Republic; or
 - To whom I am authorised by the Head of the Department or by an officer authorised by him to reveal it.
3. I understand that the said provisions and instructions shall apply not only during my term of office but also after the termination of my services with the Western Cape Education Department;
4. I shall not use or disclose any official information for personal gain or the gain of others;
5. I shall honour the confidentiality of official matters, documents and discussions;
6. I shall not release official information to the public unless I have the necessary approval;
7. I undertake that I:
 - a. shall not, without the applicable consent and during my employment or at any time, disclose any record, as defined in section 1 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), that must or may be refused upon request for access to a record of a public body in terms of that Act;
 - b. will, if so requested by the employer during my employment or on the termination of my employment, submit to the employer any record so defined and in my possession as a result of my employment and not retain any copies of or extracts from such record, except with the written consent of the employer.
8. I have taken note of the provisions of the Protection of Personal Information Act, 2013 (4 of 2013) and I undertake to respect and not violate the right to privacy of other persons. I shall act in line with the spirit, and purport object of the Protection of Personal Information Act, 2013 by promoting the protection of personal information of other persons which I have at my disposal by virtue of my office. I acknowledge that failure to do so, may result in disciplinary proceedings being instituted against me.
9. I am fully aware of the serious consequences that may follow any breach of contravention of the said provisions and instructions.

Thus agreed and signed on this day of 20.....

.....
SIGNATURE OF PERSON TO BE GRANTED ACCESS

.....
ID NO:

.....
RANK:



OFFICE USE: SECTION C (TO BE COMPLETED BY THE PMPS SYSTEM ADMINISTRATOR)

SELECT THE APPROPRIATE SYSTEM ACTIONS

- New User – Refers to a new applicant who applies for access to the system for the 1sttime
- Modification – Refers to changes made to an existing user's details
- De-activation of User Access – Refers to an official who no longer requires access to the system

New User		Modification			De-activation		
User Type	Normal	HOC	WCED Admin	System Administrator			
Other (Specify)							
Modify Existing Profile (Ignore if new application)							
Modification from		Modification to					
Approved		Not approved					

Registered by:

Name:	
Signature:	
Date:	

Contact person	Contact Number	Email address	Website
PMPS Helpdesk	021 467 2092	PMPS.PMPS@westerncape.gov.za	http://pmps.westerncape.gov.za