



National Student Financial Aid Scheme

## Systems Access Form

If you require access to the NSFAS IT systems, please indicate the access required and email your completed form to [servicedesk@nsfas.org.za](mailto:servicedesk@nsfas.org.za):

- TVET S2 Assistive Capture (manual application captured by institution)**

|  |                   |    |  |        |
|--|-------------------|----|--|--------|
| I, _____, hereby declare that I am a bona fide NSFAS Institutional student systems user and I agree to abide by the following Institution and NSFAS regulations as outlined below:   |                   |    |  |        |
| <ul style="list-style-type: none"> <li>All information is strictly confidential and will be used for internal purposes only. I will not release student information to the public or other third party for which there is no authorisation granted.</li> <li>Student Data is accessed and therefore it is a necessary requirement that the privacy of data on individuals is respected in production (online) environments and the hard copy.</li> <li>I will ensure that adequate security measures are adhered to when accessing information.</li> <li>I will not leave my computer unattended while logged on the system.</li> <li>I will not disclose my username and password, nor will I access the system under a false name or password.</li> <li>I will not attempt to access files to which I do not have rights, and I will not circumvent the security features designed into the system.</li> <li>I will use the system for official business only.</li> <li>I will notify Management in case of any security breach incident.</li> <li>I consent to the monitoring of my use of the systems.</li> <li>I understand that if I become aware that my username and password has been used by another party that I will immediately inform NSFAS in writing, to be sent to NSFAS@thehotline.co.za</li> <li>I understand that if I or my User ID is suspected of misuse or abuse, investigation may be undertaken, and disciplinary action may be invoked.</li> <li>I have read and understood the above agreement policies and guidelines.</li> </ul> |                   |    |  |        |
| Applicant Signature:   |                   |    |  | Date:  |
| <b>Applicant details</b>   |                   |    |  |        |
| Title: Ms/ Mr/ Mrs/A/Prof/Prof/Dr  | Surname:          |    | First name:                                    |        |
| Position/Job Title:  | Staff number:     |    |  |        |
| Department:  | Institution Name: |    | Campus Name:                                   |        |
| ID Number:   |                   |    |  |        |
| Email:<br><i>(Institution Email address only - no Gmail or Yahoo email addresses will be accepted)</i>   |                   |    |  |        |
| Office Telephone:  | Mobile:           |    |  |        |
| Are you a permanent staff member?  | Yes               | No |  |        |
| Are you a temporary staff member?  | Yes               | No | What is your start and end date of employment? | Start: |
|  |                   |    |  | End:   |

**All fields are mandatory for account creation on NSFAS systems.**

**Section to be completed by line manager.**

I, \_\_\_\_\_, as Head of Department / Line Manager confirm that:

The requested access to information and functionality on the system is in accordance with this applicant's departmental responsibilities.

**I understand no access will be given if this form is not submitted completely and accurately;**

I will ensure that the applicant receives training in accordance with his/her departmental responsibilities.

|  |  |
|--|--|
| Authorised by (Name and Surname):  |  |
| Date:  |  |
| Signature:   |  |
| E-mail address: <i>(Institution Email address only - no Gmail or Yahoo email addresses will be accepted)</i> |  |

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**E:** [info@nsfas.org.za](mailto:info@nsfas.org.za)  
**W:** [www.nsfas.org.za](http://www.nsfas.org.za)