Drone Programme

RPAS Training Academy and TETA is recruiting 20 driven individuals for a 6-week skills programme to obtain their Remote Pilot Certificate and BVLOS. If you're passionate about cutting-edge technology, eager to explore the limitless possibilities of drones, and ready to elevate your career, this opportunity is tailormade for you. Don't miss out on this chance to soar to new heights – apply now!

SELECTION CRITERIA

- South African Citizen
- Unemployed
- Between the ages of 18 35
- Hold a Matric Certificate with Mathematics and English
- Be in good health

TRAINING

- Reside within the Emalahleni area
- Security background will be advantageous, but not mandatory

HOW TO APPLY

Submit the following documents via e-mail to hr@droneops.co.za

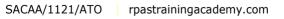
- Completed Application Form
- Your CV
- Certified Copy of your RSA ID
- Certified Copy of your Matric Certificate

Note

Successful candidates will receive Aa place on a funded 6 week skills programme. Candidates are selected by a Recruitment Panel and their decision is final. Successful candidates will be contacted by 15 June 2024. Training dates and training venues will be confirmed with successful candidates. Successful candidates will be required to undergo an Aviation Class III Medical examination.



Application closes **12 Of June 2024**



Protection of Personal Information Privacy Notice

This Notice explains how we obtain, use and disclose your personal information, in accordance with the requirements of the Protection of Personal Information Act ("POPIA").

The Drone Ops Group is a culmination of drone service companies merged into one to provide trusted drone service solutions. The Drone Ops Group consists out of of RPAS Training Academy, Advanced Aerial and Drone Ops (Pty) Ltd.

The Information we collect

We collect and process your personal information for the purpose of recruitment of this skills progamme and to ensure that you meet the minimum criteria .For this purpose we will collect contact details, work history, employment status and a medical questionnaire to ensure that you are fit to pass the Aviation Class III Medical Examination.

How we use your information

We will use your personal information only for the purposes for which it was collected and agreed with you. In addition, where necessary your information may be retained for legal or research purposes.

For example:

- To gather contact information.
- To confirm and verify your identity or to verify that you are an authorised user for security purposes.
- For the detection and prevention of fraud, crime, money laundering or other malpractice.
- To conduct market or customer satisfaction research or for statistical analysis.
- For audit and record keeping purposes.
- In connection with legal proceedings.

Disclosure of information

We may disclose your personal information to our service providers who are involved in the delivery of products or services to you. We have agreements in place to ensure that they comply with the privacy requirements as required by the Protection of Personal Information Act.

We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law or industry codes;
- Where we believe it is necessary to protect our rights.

Information Security

We are legally obliged to provide adequate protection for the personal information we hold and to stop unauthorized access and use of personal information. We will, on an on-going basis, continue to review our security controls and related processes to ensure that your personal information remains secure.

Our security policies and procedures cover:

- Physical security.
- Computer and network security.
- Access to personal information.
- Secure communications.
- Security in contracting out activities or functions.

- Retention and disposal of information;
- Acceptable usage of personal information.
- Governance and regulatory issues;
- Monitoring access sand usage of private information.
- Investigating and reacting to security incidents.

When we contract with third parties, we impose appropriate security, privacy and confidentiality obligations on them to ensure that personal information that we remain responsible for, is kept secure.

We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to

Your Rights: Access to information

You have the right to request a copy of the personal information we hold about you. To do this, simply contact us at the numbers/addresses as provided on our website and specify what information you require. We will need a copy of your ID document to confirm your identity before providing details of your personal information. Please note that any such access request may be subject to a payment of a legally allowable fee.

Correction of your information

You have the right to ask us to update, correct or delete your personal information. We will require a copy of your ID document to confirm your identity before making changes to personal information we may hold about you. We would appreciate it if you would keep your personal information accurate.

Definition of personal information

According to the Act "personal information" means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person. Further to the POPI Act, COR Concepts also includes the following items as personal information:

- All addresses including residential, postal and email addresses.
- Change of name for which we require copies of the marriage certificate or official change of name document issued by the state department.

How to contact us

If you have any queries about this notice; you need further information about our privacy practices; wish to withdraw consent; exercise preferences or accessor correct your personal information, please contact us at the numbers/addresses listed on our website.

By submitting your application, you acknowledge and agree to the above.





Drone Program Application Form

Intervention	Drone Piloting					earnin rograr		Skills Programme				
Programme Dates	ТВС											
Training Provider Name	RPAS Training Academy											
Learner Surname:												
Learner Full Names:												
Identity Number (RSA) (Attach certified copy of ID)												
Alternate ID Number												
Alternate ID Type (X)	Passport				R	efuge	e Permi	it				
Nationality	South Afric	an										
Below 35 Years? (X)									Yes			No
Gender (X)									Male		Fe	emale
Equity (X)	Africa			Indi				oured			White)
Do you have a disabili 1998? (X)	ty, as stipula	ated by	the En	nployn	nent A	ct 55 d	of		Yes			No
lf yes, please specify:												
Employed: (X)									Yes			No
	Occupation: Number of years in occupation					'S						
If Employed Provide:	Company Name:							mo	ccupa			
Home Address:				Ро	stal A	ddres	s (lf diff	erent	from	Home	Addr	ess)
Postal Code				Ро	stal C	ode						
Telephone / Cell:												
E-mail Address:												
Are you a South Africa	an Citizen? ()	X)							Yes			No
Home Language (X)	Afrikaans	Zulu	F	Pedi	Tshw	ana	lsiXhos a	Oth	er: Spe	ecify		
Highest level of highes attained?		*Please	attach	сору	of high	iest qua	lificatio	on, if o	ther th	nan Ma	atric	
Last School Attended (If not High School, provide Primary School name) *Please attach copy of Matric Certificate												
Last Year attended school above												
Learner Declaration ar	nd consent (/	X)] Furth		e, I agre		nation al this infor					ETA for
Learner Signature				Date								

Medical Questionnaire

Do you have, or have you ever had, any of the following? Please tick in the box yes or no. If the box is ticked yes, give details in remarks section.

Nr	Question	Yes	No
1.	Eye Trouble/Eye Operation		
2.	Spectacles or contact lenses		
3.	Hay fever, other allergies		
4.	Asthma, lung diseases		
5.	Heart or vascular trouble		
6.	High or low blood pressure		
7.	Kidney stone or blood in urine		
8.	Diabetes, hormone disorder		
9.	Stomach, liver or intestinal trouble		
10.	Deafness, ear disorder		
11.	Nose, throat or speech disorder		
12.	Head injury or concussion		
13.	Frequent or severe headaches		
14.	Dizziness or fainting spells		
15.	Unconsciousness for any other reasons		
16.	Neurological disorders: stroke, epilepsy, seizure, paralysis, etc.		
17.	Psychological/psychiatric trouble of any sort		
18.	Alcohol/drug/substance abuse		
19.	Depression		
20.	Motion sickness requiring medication		
21.	Anamia/sickle cell trait, other blood disorders		
22.	Malaria or other tropical diseases		
23.	A positive HIV test		
24.	Sexually transmitted disease		
25.	Sleep disorders/apnoea syndrome		
26.	Musculoskeletal illness/impairment		
27.	Any other illness or injury		
28.	Admission to hospital		

29.	Refusal of pilot license	
30.	Medical rejection	

Remarks: If any box above was ticked yes, explain and state if it is a past issue or still a current issue.

Family Medical History. Please tick in the box yes or no. If the box is ticked yes, give details in remarks section.

Nr.	Questions:	Yes	No
1.	Heart disease		
2.	High Blood pressure		
3.	High cholesterol		
4.	Epilepsy		
5.	Mental illness		
6.	Diabetes		
7.	Tuberculosis		
8.	Allergy/asthma/eczema		
9.	Inherited disorders		
10.	Glaucoma		
11.	Other		

Remarks: If any box above was ticked yes, explain and state if it is a past issue or still a current issue.

I declare that the above medical information provided is true and correct.

Name		
Surname		
Signature	Date	

TETA24/AC/DG161 | Application Form

Nr.	Document	Yes	No
1.	Certified copy of Identity Document		
2.	Certified copy of Matric Certificate		
3.	Certified copy of Highest Qualification		
4.	CV		
5.	Completed Application Form		
6.	Completed Medical Questionnaire		

Ensure that copies are clear and readable. Where possible, make colour copies of documents. Certification should not be older than 3 months.

Application Form and supporting documents must be submitted to: hr@droneops.co.za