









## **Further Education and Training**

CO-FUNDED BY THE IRISH GOVERNMENT AND THE EUROPEAN UNION UNDER THE EUROPEAN SOCIAL FUND

## **Parental / Guardian Consent**

Dear Parent or Guardian:	:	
	oplication for the applicant named below to participate ardian consent is required for persons under 18 years	
Course Details:		
Course Start Date:		
Venue:		
Applicant Name:		
Parent/Guardian Decl	laration	
I CERTIFY THAT I AM 18 YI	EARS OF AGE OR OLDER AND I SIGN THIS FORM VOLU	JNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.
Parent/Guardian Data	a Protection Acknowledgement	
Department of Education questions, comments and		in a SOLAS funded programme, for SOLAS and the ata in this form. I understand that I may also address any garding your data processing practices at who will also
in the programme. Each of		s is necessary in connection with the applicant's participation disposal according to its data retention policy. I have a right ce of the Data Protection Commissioner.
Parent/Guardian's Full Nan	me (please print):	
Parent/Guardian's Telepho	one Number:	
	Signature:	Date:
-	O.g. radio 6.	

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