









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	n:	
	application for the applicant named below to participa uardian consent is required for persons under 18 yea	te in a SOLAS funded Further Education and Training ars of age.
Course Details:		
Course Start Date:		
Venue:		
Applicant Name:		
Parent/Guardian Dec	claration	
I CERTIFY THAT I AM 18 \	YEARS OF AGE OR OLDER AND I SIGN THIS FORM VO	DLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.
Parent/Guardian Dat	ta Protection Acknowledgement	
Department of Education questions, comments an	necessary in connection with the applicant participating (DES) (each a "controller") to process my personal and requests (access, erasure, objection or restriction) who will also provide the contact details of the releva	
in the programme. Each		as is necessary in connection with the applicant's participation ore disposal according to its data retention policy. I have a right office of the Data Protection Commissioner.
Parent/Guardian's Full Na	ame (please print):	
Parent/Guardian's Teleph	ione Number:	
	Signature:	Date:

V1.0 Oct 2017 Page 1 of 1