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## **PARENT CONSENT FORM WORK EXPERIENCE**

I give permission for my daughter \_\_\_\_\_ to participate in a Work Experience Programme for two weeks commencing Monday 29<sup>th</sup> January 2018. I confirm that my daughter does not suffer from any disabilities that could result in unnecessary risk to herself or to other people.

I understand that it is a necessary condition of the Programme that students do not receive wages/salary in respect of the time spent on Work Experience.

I am aware that students participating in Work Experience will be treated as far as possible as new employees, subject to normal conditions and hours of work.

**Signed:** \_\_\_\_\_ Parent(s)/Guardian(s)

**Daughter's Name:** \_\_\_\_\_

**(BLOCK CAPITALS)**

**Date:** \_\_\_\_\_