



*Holy Faith Secondary School
Belgrove Road
Clontarf
Dublin 3*

Telephone: 01 8331507

01 8332754

Fax: 01 8330466

Email: tyholymfaith@holymfaithclontarf.com

PARENT CONSENT FORM TY PROGRAMME

I give permission for my daughter _____ to participate in _____ TY Programme on the following dates _____ . 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 / TY Programmes.

I am aware that students participating in Work Experience / TY Programmes 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: _____

If this is a TY Programme please return relevant paperwork

Please ensure documentation verifying placement with Organisation, Contact Name, Contact Information, Programme / Experience to be undertaken.

All students are required to return a placement review form after all placements