



*Holy Faith Secondary School  
Belgrove Road  
Clontarf  
Dublin 3*

*Telephone: 01 8331507  
01 8332754  
Fax: 01 8330466*

*Email: [tyholyyfaith@holyyfaithclontarf.com](mailto:tyholyyfaith@holyyfaithclontarf.com)*

## **PARENT CONSENT FORM WORK EXPERIENCE**

I give permission for my daughter \_\_\_\_\_ to participate in a Work Experience Programme for two weeks commencing Monday 4<sup>th</sup> February – 15<sup>th</sup> February 2019. 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:** \_\_\_\_\_