



An Roinn Breisoideachais agus Ardoideachais, Taighde, Nuálaíochta agus Eolaíochta Department of Further and Higher Education, Research, Innovation and Science







## **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:	
In order to process the application for the applicant named below to participate in a SOLAS funded Further Educa programme, Parental/Guardian consent is required for persons under 18 years of age.	ation and Training
Course Details:	
Course Start Date:	
Venue:	
Applicant Name:	
Parent/Guardian Declaration	
I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND I SIGN THIS FORM VOLUNTARILY WITH FULL KNOWLEDGE	OF ITS SIGNIFICANCE.
Parent/Guardian Data Protection Acknowledgement	
I acknowledge that it is necessary in connection with the applicant participating in a SOLAS funded programme, for Department of Education (DES) (each a "controller") to process my personal data in this form. I understand that I questions, comments and requests (access, erasure, objection or restriction) regarding your data processing practically provide the contact details of the relevant Data Protection Officer.	I may also address any
I acknowledge that SOLAS and DES will retain my personal data for as long as is necessary in connection with to in the programme. Each controller will keep historical data for a set time before disposal according to its data reter to lodge a complaint regarding the processing of my personal data with the Office of the Data Protection Commission.	ention policy. I have a righ
Parent/Guardian's Full Name (please print):	
Parent/Guardian's Telephone Number:	
Signature: Date:	

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