



Ireland's European Structural and Investment Funds Programmes 2014-2020

Co-funded by the Irish Government and the European Union



BORD OIDEACHAIS AGUS OILIÚNA CHIARRAÍ  
KERRY EDUCATION AND TRAINING BOARD



EUROPEAN UNION

Investing in your future

European Social Fund

SOLAS

An tSeirbhís Oideachais Leanúnaigh agus Scileanna  
Further Education and Training Authority

## 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 Education and Training programme, Parental/Guardian consent is required for persons under 18 years of age.

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 SOLAS and the Department of Education (DES) ( each a "controller") to process my personal data in this form. I understand that I may also address any questions, comments and requests (access, erasure, objection or restriction) regarding your data processing practices at [corporateaffairs@kerryetb.ie](mailto:corporateaffairs@kerryetb.ie) who will also provide the contact details of the relevant Data Protection Officer.

I acknowledge that SOLAS and DES will retain my personal data for as long as is necessary in connection with the applicant's participation in the programme. Each controller will keep historical data for a set time before disposal according to its data retention policy. I have a right to lodge a complaint regarding the processing of my personal data with the Office of the Data Protection Commissioner.

Parent/Guardian's Full Name (please print):

Parent/Guardian's Telephone Number:

Signature:

Date: