



Transition Year Programme

Work Experience

Parents' / Guardian Consent Form

I / We hereby give permission for my/our son _____ to take part in the Work Experience module of the Transition Year Programme organised in Ardscoil Rís.

I/ We confirm that he does not suffer from any disability which could result in risk to his safety or that of any other people.

I /We understand that it is a condition of Work Experience that students do not receive wages or salaries while engaged in the module.

I /We understand that students participating in work experience, as part of the Transition Year will be treated, as far as possible, as new employees, subject to normal working conditions and hours of work. They will be given real work to perform and such work will be related to their capabilities.

I /We am/are aware that my/our son will be working at

Signed : _____

Parent(s)/ Guardian(s)

Date: _____