

child by name? (please tick if yes)

## ACTIVE CITIZENSHIP



## Parental Permission Form TRANSITION YEAR WORK EXPERIENCE



Concern has a limited number of places available for Transition year Work Experience placements for the dates outlined below. These placements offer a basic introduction to office work and are distinct from our TY Academy programme placements which require a separate application procedure. We require parental/guardian consent to be in place before we can communicate further with minors so this form must be completed to allow us contact students.

This is to confirm that (student)	
of (school)	
Has his/her parents/guardian's permission to attend the Concern Worldwide office for a week of work exp following week (please choose one)	perience on the
October 21st - 25th 2019	
November 25th - 29th 2019	
December 9th - 13th 2019	
December 16th - 20th 2019	
January 13th - 17th 2020	
January 20th - 24th 2020	
Please complete the following sections:	
Do we have permission to use photographs/video footage of your child taken during the week (please to leave blank if you would like no photos taken of your child):	ick if yes/ please
on our website	
on Concern social media accounts	
in promotional materials	
in press releases/media	
If we have permission to use your child's photograph do we have permission to identify your	

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Concern may need to email your child in relation to the broader Active Citizenship Programme. Concern will never contact a minor with fundraising requests. Do we have permission to (please tick if yes)
obtain your child's email contact your child via email
Child's email
If Concern has permission to contact your child via email would you like Concern to:
cc parent/guardian in each email correspondence (if yes please <b>state</b> your email
don't cc parent/guardian in each email correspondence
In the case of a medical or other emergency, please give the name and number of the parent/guardian who should be notified:
Name: Contact number:
Does your child have any specific medical conditions, allergies, dietary requirements or other special needs?  Yes No  If yes please give details:
As your child will not be accompanied by a parent/guardian, or teacher, do they have permission to (please tick if yes)?  Travel to the event alone
Leave the venue unaccompanied at lunch time
Travel home from the event alone
If they will need to leave the event early for any reason (e.g. to catch a bus) please state why, and what time they will need to leave:
Signed,
Parent/Guardian

## **TERMS AND CONDITIONS**

This form is to be signed by a parent/guardian of any child under 18 taking part in the TY Work Experience Programme based in the Concern Worldwide office. Concern will need to collect some basic data about the student and their parent/guardian. Concern collects this data for the successful completion of the placement and for the safety of the student. Information collected will be stored securely by Concern. Concern will not share or use this information for any purpose other than the completion of the TY Work Experience programme. This information will be destroyed by Concern 12 months after the completion of this programme. Concern will comply with all applicable Data Protection legislation including GDPR. You have the right to access any data we hold about you at any time. Images and film, if taken, will be stored securely. Concern archives digital media after three years. Please contact your Concern focal person if you have any questions about this document.

For more information regarding the handling of your data, please refer to Concern's Privacy Policy.