

IADT AUTUMN COURSES 2023 PARENT/LEGAL GUARDIAN CONSENT FORM

Course Title		
Course Date		
Student Full Name		
Student Date of Birth		
Student Address		
Student Contact Number		
Student Signature		
Parent/Legal Guardian Full		
Name Details		
Parent/Legal Guardian		
Address (Day and Evening)		
Parent/Legal Guardian		
Contact Telephone Number		
(Mobile)		
()		
l confirm thattime of application.	(Course Participant Name) is betweer	n 16 and 18 years of age at the
l confirm that(Course Participant Name) has my consei	nt to participate in the course.
Parent/Legal Guardian Signature	Date of Signature	
written parental consent to partici _l models. IADT reserves the right to	nmmer courses is 16 years of age. Particip pate in all courses including Life Drawing request proof of age documentation. The ise if you wish that the details are delete	classes which includes nude e details provided in this form will be

For further information please contact Barbara Carraher on +353 1 2394631 /barbara.carraher@iadt.ie

Official use Only:	
Date Complete Form Received	
Date details entered onto IADT Database	
Advised to delete data prior to end 12 months from date of signature (Y/N)	
Date data deleted + Officer Signature	