UNICEF Activism Training

Event coordinator: Vivienne Parry

Event Location: Office of the Ombudsman 18 Leeson Street Lower, Dublin, Dublin 2,

This form certifies that the student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been registered for the UNICEF Activism training programme.

I hereby give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the UNICEF program identified above, resulting the student’s absence for \_\_\_\_\_\_\_ school day(s).

I accept the established code of conduct for the visit and agree to the arrangements (including costs) relating to the student being sent home early from the visit.

I understand that students will be given a lunch break where students may leave the Ombudsman’s office while accompanied by a facilitator of the workshop for the duration of the break.

I understand that for students to receive work experience from this program, there is an activism component to be done throughout the week following the program. Student’s activist project will take place on the school campus and may require assistance or support from relevant faculty.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_