



THE CREATIVE DIMENSION TRUST

Architectural Work Experience Parental Consent

Please ensure that this form is signed by your parent or guardian and sent with your CV and Cover Letter.

If you do not send this form with your CV we will not be able to proceed with your application.

Name of Student:	
------------------	--

Dear Parent / Guardian

Please would you confirm that you are happy for the information your dependant has provided to be shared with Grimshaw Architects.

This information will be shared as part of the selection process for the Work Placement and may be used by Grimshaw Architects to contact your dependant to provide any information prior to the Work Experience, and it may be used after the Work Experience to arrange collection of their work.

This information will not be used in any other capacity.

I confirm that I am happy for The Creative Dimension Trust to share the information provided by my dependant with Grimshaw Architects:

Signature of Parent / Guardian:	
Name of Parent / Guardian:	
Date:	