



# AccessNI Parent/Guardian Consent Form

I \_\_\_\_\_

Of \_\_\_\_\_

(Address)

Being the \_\_\_\_\_  
Mother/Father/Guardian

Of \_\_\_\_\_  
Name of Application for AccessNI

Date of Birth \_\_\_\_\_

do hereby consent for AccessNI to conduct a vetting check in respect of the above named and to furnish Ulster GAA, a registered Umbrella Body with AccessNI, with a statement that there are no convictions recorded against him/her.

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

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



**Gaelic Games Safeguarding 1 Workshop  
Parental/Guardian Consent Form**

I, the parent/guardian of \_\_\_\_\_ hereby permit my son/daughter, who is over 16 yrs of age and under 18 yrs of age, to attend the Gaelic Games Safeguarding 1 Workshop on \_\_\_\_\_ at \_\_\_\_\_.

I understand that this workshop is a Safeguarding 1 Workshop that complements the Gaelic Games Associations' Code of Behaviour (Underage) and is endorsed by Sport Ireland for person working with children in our Associations.

**Parent/Guardian**

\_\_\_\_\_

**(BLOCK CAPITALS)**

**Parent/Guardian**

\_\_\_\_\_

**(BLOCK CAPITALS)**



**Virtual Safeguarding 1 Workshop, Páirc an Chrócaigh, Baile Átha Cliath 3**