

IRISH SQUASH

Parent/Guardian Consent Form



IRISH SQUASH

Section 1: Personal Details of U18 Applicant

First Name: _____

Surname: _____

Date of Birth: _____

Section 2 - Parent/Guardian Details

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure

First Name: _____ Surname: _____

Contact No: _____ Email: _____

Relationship to applicant: Mother Father Guardian

Address: _____

Eircode: _____

Section 3 - Parent/Guardian Consent

I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Parent/Guardian signature: _____ Date: _____

This form will be returned if any parts are not fully completed. For guidance please email irishsquashvetting@gmail.com or contact Gerry Connaughton, Irish Squash Liaison Person on 087 263 4313.

Return all documents together in an envelope to:
Gerry Connaughton, Irish Squash Liaison Person, 76 Caiseal Na Rí, Cashel, County Tipperary, E25 TD50