



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: _____