



# 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: \_\_\_\_\_