SQUASH IRELAND Parent/Guardian Consent Form



Form NVB 3

Section 1: Personal Details of U18 Applicant	
First Name:	
Surname:	Date of Birth:
· · ·	ls Bureau (Children and Vulnerable Persons) Acts 2012 statement for the purpose of obtaining a vetting
First Name:	Surname:
Contact No:	Email:
Relationship to applicant: Mo	other Father Guardian
Address:	
Eircode:	
National Vetting Bureau to conduc	e above-named applicant, consent for the transfer to the above-named ational Vetting Bureau (Children and
Parent/Guardian signature:	Date:

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