



**SPORT IRELAND & FAI BASIC AWARENESS
WORKSHOP
Safeguarding 1**

PARENT/GUARDIAN CONSENT FORM

PLEASE NOTE: Due to the content on this particular workshop, consent is required from parents/guardians for 16 and 17 year olds to participate.

Date _____

I, _____ (parent/guardian name)

of _____ (address)

being the _____
Father/Mother/Guardian (please circle)

of _____ (Child Full Name) consent to my child attending the above referenced FAI workshop. I understand the content on this course will discuss issues such as child abuse particularly within the context of child protection. I am aware the workshop is 3 hours in duration and will involve discussion, case studies and group work concerning child protection.

Child's Full Name

Child's Signature

Child's Date of Birth

Once completed this form should be returned to the Course Tutor before the workshop begins.

Venue of Course: _____

Date of Course: _____

Tutor Signature: _____