



# PARENTAL/GUARDIAN CONSENT FORM

## Attendance at Sport Ireland Safeguarding 1 - Child Protection in Sport Basic Awareness Workshop

The Safeguarding 1 - **Child Protection in Sport Basic Awareness Workshop** training is provided for those involved in sport.

The workshop is 3 hours long and the aims are by the end of this workshop the participants will be able to:

- ✓ Implement best practice in protecting the welfare of participants
- ✓ Create a child-centered environment within the sports club
- ✓ List categories of abuse and some indicators associated with abuse
- ✓ Make appropriate response to a disclosure
- ✓ Make a report to designated person or appropriate Statutory Authorities

A central goal for all those involved in sport for young people is to provide a safe, positive and nurturing environment where children can develop and enhance their physical and social skills. Promoting a child-centred environment should go hand in hand with identifying and eliminating practices that impact negatively on a young person’s safe and enjoyable participation in sport.

Due to the very nature of this workshop you can not consider safeguarding issues without discussing child abuse and attendees should be aware of the emotional impact this may have on them personally.

Limerick Sports Partnership requires that all 16 TO 17 year olds obtain written parental/guardian permission and consent for them to attend. The training will involve working on case study examples and scenarios of an adult nature. The course tutor will again outline an emotional health warning, explaining that safeguarding training can arouse uncomfortable feelings for some participants and directing them to contact numbers in the Code of Ethics.

I give permission for my child to attend the above workshop.

**CHILD’S FULL NAME:** .....

**Sports Club:** ..... **AGE:** ..... **DOB:** .....

Signature ..... **Child** (Under 18 but **MUST BE 16/17**)

Signature ..... **Parent/Guardian**

Print Parent/Guardian Name .....

Email Address: .....

Date .....

**Please return this form to Limerick Sports Partnership before the date of the course: “FAO Phelim Macken, Limerick Sports Partnership, UL Sport Arena, University of Limerick, Castletroy, Limerick.”**

**Date of course:** .....

**Venue:** .....

