



Youth Consultation: Ireland's Youth Pact for the Future, 16th March 2024

Parental/Guardian Permission Form

Name of Project: Youth Consultation: Ireland's Youth Pact for the Future: Have YOUR voice heard!

Event: 1-day in person event

Venue: Communications Workers Union, 575-577 N Circular Rd, Drumcondra, Dublin, D01 TR53.

Date & Time: Saturday 16th March 2024, 10:00-16:00

Many thanks for you and your child's interest in joining our Youth Consultation event in Dublin. Parents/Guardians/Participants please review the event at <https://www.youth.ie/event/youth-consultation-a-better-tomorrow/> before you sign this form. If you have any queries, please contact your youth worker and/or Niamh Flynn from the National Youth Council of Ireland: niamh@nyci.ie.

Please print the form, fill in all the information, take a photograph of it and return the photo or scanned copy by email to niamh@nyci.ie.

Primary Contact:

- **National Youth Council of Ireland:** Niamh Flynn niamh@nyci.ie 086-136-5736

Youth Consultation: Ireland's Youth Pact for the Future



YOUTH2030
GLOBAL YOUTH WORK

NYCI
National
Youth
Council
of Ireland

Irish Aid
Rialtas na hÉireann
Government of Ireland

CONCERN
worldwide

Maynooth University
National University
of Ireland Maynooth

trócaire

Young Person's Details

Full Name: _____

Gender (please circle): male female non-binary other

Date of birth (DD/MM/YYYY): _____

Child's Email Address: _____

(Note, we will only contact your child via their email address in relation to the event on March 16th, eg. To provide details on speakers, changes to the agenda, etc.).

Medical & Dietary Information: Please disclose any medical and dietary information that may affect your child's participation in this Youth Consultation.



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Parent/Guardian & Emergency Contact Details

Parent/Guardian:

Full Name: _____

Phone Number: _____

Relationship to young person: _____

Emergency Contact:

Note: The information given for the emergency contact should be different from the information provided for the parent/guardian. The parent/guardian listed above will always be the first point of contact, but in the event that we cannot reach you, we will then contact the person you list below.

Full Name: _____

Phone Number: _____

Relationship to young person: _____



Information for Consent

Media & GDPR Consent:

At the Youth Consultation, we will produce photographs and video content for the social media accounts and website of the National Youth Council of Ireland (NYCI: www.youth.ie).

Please state (tick) yes/no in response to the following statements:

As the parent/guardian, on behalf of the below named:				
I agree to allow the National Youth Council of Ireland to collect and store my child's data (the data included in this form) for the purpose of processing their participation in the Youth Consultation. I understand that NYCI will protect any personal information in accordance with their privacy policy.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I understand that I can withdraw my consent regarding my child's data being stored by writing to NYCI; and my child's personal data will then be erased.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I give permission for NYCI to present their work and outputs from the Youth Consultation – which could include images (photo and video) displaying my child – on NYCI's social media pages and/or website (www.youth.ie) – for use of the promotion of their programmes and activities online, in print, or otherwise.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I understand that if I do not wish for my child to be filmed/photographed they can still participate fully in the youth consultation.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



General Consent:

Please sign below if you agree with the following statements:

I give permission for the young person named above to participate in the Youth Consultation in Dublin, hosted by the National Youth Council of Ireland.
I understand that there will be suitable supervision at the event on the 16 th of March.
I understand that there will be a mixture of young people who are under 18yrs and over 18yrs at this event and that NYC will make appropriate arrangements in line with Child Protection & Safeguarding guidelines.
I understand that in the event of misconduct outlined in the codes of conduct policies of NYC; my child may be asked to leave the event earlier than the end time.

Parental/Guardian Signature:

Signed: _____
(Parent/Guardian)

Signed: _____
(Young person)

Date of Signature (DD/MM/YYYY): _____

Name of parent/guardian [IN BLOCK CAPITALS]: _____

Please return this completed & signed form. Print the form, fill in all the information, take a photograph of it and return the photo or scanned copy by email to niamh@nyci.ie.