

# Parent / Guardian Consent

Essential for persons under 18 years of age



## Applicant details

Surname:

Given name/s:

Date of birth:

## Consent

I \_\_\_\_\_ being the parent / guardian of the above named  
Print full name of parent / guardian

person, consent to \_\_\_\_\_ joining the NSW State Emergency  
Print full name of applicant

Service (NSW SES) and undergoing a National Criminal History Check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Applicant:** Please return completed form to the applicant's NSW SES unit

**Unit:** Scan and email to [membership@ses.nsw.gov.au](mailto:membership@ses.nsw.gov.au)