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| **PART A**   | APPLICATION GROUNDS |

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| This application is made on the following Ground(s) | Disability |[ ]  **IMPORTANT**: See the medical evidence requirements for each Ground in Part D |
|  | Physical Size Considerations - **BMI** below 5th percentile for age |[ ]   |
|  | Physical Size Considerations - **Height** below 5th percentile for age |[ ]   |
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| Player’s Actual Grade (e.g. U12) |  | Grade Seeking Approval For (e.g. U11) |  |

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| **PART B**   | PLAYER DETAILS |

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| Player First Name |  | Player Surname |  |
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| Player D.O.B. |  | Player Club |  |
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| How many years has the Player played AFL? |  | Grades Played in Past 3 Seasons | Last season |  |
|  |  |  | 2 Seasons Ago |  |
|  |  |  | 3 Seasons Ago |  |
|  |
| Has the Player played any representative football in the past 3 years? | Yes |[ ]  No |[ ]
|  |
| Has the Player been part of a football talent Academy in the past 3 years? | Yes |[ ]  No |[ ]
|  |
| Has the Player finished in the top 5 in a Club or League *Best & Fairest* in the past 3 years? | Yes |[ ]  No |[ ]
|  |
| What other Sports has the Player participated in over the past 3 years and what Grades (if applicable)?  |  |

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| **PART C**   | CLUB SUBMISSION |

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| Detail the effects of the ***disability*** or ***physical size considerations*** on the Player’s capacity to effectively participate in their actual Grade, including against the oldest players in that Grade? |  |
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| What reasonable adjustments has the Club looked to implement to overcome any of the effects identified and that might have allowed the Player to play in their actual Grade? Why were these adjustments not successful?  |  |
|  |
| How would allowing the Player to play in the lower Grade support the Player to overcome any barriers to their effective participation in Australian Football arising from their ***Disability*** or ***Physical Size Considerations***? |  |
|  |
| Detail the availability of any other assistance to the Player that will enable them to effectively participate in Australian Football. |  |
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| Detail how the participation of the Player in a lower Grade will not adversely impact the safety of other Players in that lower Grade, including the youngest players (who may be as much as 4 years younger) and smallest of those players.  |  |
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| Provide any additional background information that is relevant to the application.  |  |

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| **PART D**   | MEDICAL EVIDENCE REQUIREMENTS |

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| **GROUND ONE -****DISABILITY** | **Disability** **means** *a disability as defined in the Disability Discrimination Act (1992) (Cth) or**in any similar state-based legislation applicable to a particular Controlling Body including**those disabilities listed in Appendix 4 of the National Community Football Policy Handbook.*An Application under this ground MUST be supported by a ***current******medical certificate / report*** from a medical specialist appropriately qualified in the area of practice relevant to the disability. The medical certificate / report is to:1. confirm the nature of the Player’s disability; and
2. describe how this disability impacts the Player’s capacity to effectively participate in football in the Grade commensurate to their age.
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| **GROUND TWO -****PHYSICAL SIZE CONSIDERATIONS** | An Application under this ground MUST be supported by a ***current medical certificate / report*** confirming:1. the player’s ***Body Mass Index (‘BMI’)*** measurements (weight divided by height) and that this is ***below the 5th percentile*** for the player’s age; **OR**
2. the player’s ***Height*** measurement and that this is ***below the 5th percentile*** for the player’s age.

The measurements of BMI or height must be taken within three months of the Application.  |
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| Medical Certificate / Report attached? |[ ]  Issued By (name) |  |
| Medical Certificate / Report Date  |  | Medical Speciality |  |

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| **PART E**   | OTHER SUPPORTING EVIDENCE |

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| Other supporting documents attached? |[ ]  List each supporting document attached (examples might be: a letter from the player’s parents; a NDIS assessment report; a Physiotherapist report) |  |

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| **PART F**   | DECLARATION & SIGNATORIES (at least one Parent / Guardian must sign this) |

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| **DECLARATION** | In signing this Application, each person acknowledges that *the information contained herein is true and accurate to the best of my knowledge* |
|  |
| Parent / Guardian 1 Name |  | Signature |  | Date |  |
|  |
| Parent / Guardian 2 Name |  | Signature |  | Date |  |
|  |
| Club Contact Name |  | Signature |  | Date |  |
|  |
| Club Contact | Ph |  | Em |  |