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| **PART A** | APPLICATION GROUNDS |

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| Player’s Actual Grade (e.g. U12) |  | | Grade Seeking Approval For (e.g. U11) | |  | | |
|  | | | | | | | |
| Select the Ground on which the Application is made and complete the relevant additional information | **GROUND 1** - **Disability** as per Disability Discrimination Legislation [See *NOTE 1*] | | | | | |  |
| Diagnosis of Disability  (as per medical certificate) |  | | | | | |
|  | | | | | | |
| **GROUND 2 - Physical Size Considerations - BMI** below 5th percentile for age [See *NOTE 2*] | | | | | |  |
| Weight (in kg) |  | | Height (in cm) | |  | |
| BMI |  | | Percentile for Age | |  | |
|  | | | | | | |
| **GROUND 3 - Physical Size Considerations - Height** below 5th percentile for age [See *NOTE 3*] | | | | | |  |
| Height (in cm) |  | | Percentile for Age | |  | |

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| **PART B** | PLAYER DETAILS |

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|  | | | | | | | | | |
| Player First Name |  | | | Player Surname |  | | | | |
|  | | | | | | | | | |
| Player D.O.B. |  | | | Player Club |  | | | | |
|  | | | | | | | | | |
| 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)? | | |  | | | | | | |
|  | | | | | | | | | |
| What year is the Player in at School? | | |  | | | | | | |

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| **PART C** | MEDICAL CERTIFICATE CHECKLIST |

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| A **medical certificate** [see NOTE 4] is attached? | | Yes |  |
|  | | | |
| The medical certificate was completed: | by an appropriately qualified **Medical Specialist** [see NOTE 5]? | Yes |  |
| within **3 months** of submission of the application? | Yes |  |
|  | | | |
| The medical certificate provides: | a **diagnosis** of the Player’s disability or physical size consideration? | Yes |  |
| the **clinical rationale for the dispensation being sought**? | Yes |  |

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| **PART D** | EVIDENCE REQUIREMENTS |

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| Detail the effects of the ***disability*** or ***physical size considerations*** on the Player’s capacity to effectively participate in Australian Football, in particular, against the oldest players in that Grade?  [This is to be based on information provided by the Medical Specialist & Parent / Guardian] |  |
|  | |
| Detail what **reasonable adjustments** have been considered, attempted or undertaken to facilitate the Player remaining in their eligible age group, and any reasons why those adjustments have been unsuccessful or not implemented |  |
|  | |
| Detail how it is proposed that the grant of age dispensation will 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. |  |
|  | |
| Detail how the participation of the Player in a lower Grade will not adversely impact **the safety and welfare** of the Player and those Players in that lower Grade they will be participating with and against. |  |
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| Provide any additional evidence that will assist with assessment of the application.  [E.g.: a letter from the player’s parents; a NDIS assessment report; a Physiotherapist report.] |  |

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| **PART E** | 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 |  | | |

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|  | AGE DISPENSATION APPLICATION NOTES |

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| **NOTE 1**  **Diagnosis of Disability** | The **diagnosis** of the Player’sdisability must be supported by a **medical certificate** completed by a **Medical Specialist** with clinical expertise [see NOTE 4 and NOTE 5].  **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.*  For any **psychosocial disability** (psychiatric disability or mental disorder) a diagnosis must be classified according to the **ICD-11** or **DSM-5-TR**. |
| **NOTE 2**  **Physical Size Considerations (BMI)** | An Application under this ground MUST be supported by a ***medical certificate*** [see Note 3] confirming:   1. the Player’s ***Body Mass Index (‘BMI’)*** measurements (height, weight and BMI); and 2. that the Player’s BMI is ***below the 5th percentile*** for the Player’s age.   The Player’s weight and height measurements must be taken within **three months** of the Application.  **BMI** = mass (kg) / height2 (m).  **Percentile for age** is determined by reference to a BMI-for-age chart. [*The NSW Government Healthy Weight Calculator*](https://pro.healthykids.nsw.gov.au/calculator/) is one such tool that may be used to determine this. |
| **NOTE 3**  **Physical Size Considerations (Height)** | An Application under this ground MUST be supported by a ***current medical certificate*** [see Note 3] confirming:   1. the player’s ***Height*** measurement; and 2. that this is ***below the 5th percentile*** for the player’s age.   The Player’s height measurement must be taken within **three months** of the Application.  **Percentile for age** is determined by reference to a Length-for-age chart. [*The Royal Children’s Hospital Melbourne Growth Charts*](http://www.rch.org.au/childgrowth/about_child_growth/Growth_charts) is one such tool that may be used to determine this. |
| **NOTE 4**  **Medical Certificate** | An application for dispensation MUST be supported by a ***medical certificate***. The medical certificate must be completed by a **Medical Specialist** [see NOTE 5] ***within*** ***3 months***prior to the submission of the application. The medical certificate:   1. is to provide a **diagnosis** of the Player’s **disability** [see NOTE 1]; 2. must state the **clinical rationale for the dispensation being sought** and *have regard to* *all relevant matters pertaining to the Player’s disability or physical size considerations*; 3. must describe how this disability impacts the Player’s function and capacity to effectively participate in football in Australian Football; 4. is to specify the date of the consultation, date of the certificate, the Medical Specialist’s name and Medical Specialist’s area of specialty.   A medical certificate may be in the form of a medical report. |
| **NOTE 5**  **Medical Specialist** | A **Medical Specialist** means *a doctor who has completed advanced education and clinical training in a specified area of medicine and includes a Paediatrician, Sports Physician or Controlling Body approved general medical practitioner.*  TheMedical Specialistmust also be *appropriately qualified in an area of practice directly related to the dispensation being sought* (i.e. directly related to the player’sdisability). |