



This Application form is established in accordance with Clause 4.1(b)(i) of the National Community Football Policy Handbook and Rule 11.2.3 of the AFL NSW/ACT Rules. The Application is to be used by a Club seeking approval from the Controlling Body for a Player to play in a lower Grade for which the Player is no longer age eligible. The Application can only be based on the grounds of Disability or Physical Size Considerations as defined in Clause 1.1 of the National Community Football Policy Handbook. All Parts of this Application form are to be completed.

PART A APPLICATION GROUNDS

This application is made on the following Ground(s)	Disability	<input type="checkbox"/>	IMPORTANT: See the medical evidence requirements for each Ground in Part D
	Physical Size Considerations - BMI below 5 th percentile for age	<input type="checkbox"/>	
	Physical Size Considerations - Height below 5 th percentile for age	<input type="checkbox"/>	
Player's Actual Grade (e.g. U12)		Grade Seeking Approval For (e.g. U11)	

PART B PLAYER DETAILS

Player First Name		Player Surname	
Player D.O.B.		Player Club	
How many years has the Player played AFL?	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 <input type="checkbox"/> No <input type="checkbox"/>
Has the Player been part of a football talent Academy in the past 3 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the Player finished in the top 5 in a Club or League Best & Fairest in the past 3 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What other Sports has the Player participated in over the past 3 years?			

PART C CLUB SUBMISSION

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?	
What initiatives 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 initiatives 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.

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.

Provide any additional background information that is relevant to the application.

PART D MEDICAL EVIDENCE REQUIREMENTS

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 10 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:

- (i) confirm the nature of the Player's disability; and
- (ii) describe how this disability impacts the Player's capacity to effectively participate in football in the Grade commensurate to their age.

GROUND TWO - PHYSICAL SIZE CONSIDERATIONS

An Application under this ground MUST be supported by a **current medical certificate / report** confirming:

- (i) the player's **Body Mass Index ('BMI')** measurements (weight and height) and that this is **below the 5th percentile** for the player's age; **OR**
- (ii) 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 one month of the Application.

Medical Certificate / Report attached?

Issued By (name)

Medical Certificate / Report Date

Medical Speciality

PART E OTHER SUPPORTING EVIDENCE

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)

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

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		