



Age Dispensation Application to Play Down

This form is established in accordance with Clause 4.1(b)(i) of the *National Community Football Policy Handbook* and 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 must be based on one of the grounds specified in Part A. All Parts of this Application form must be completed.

PART A APPLICATION GROUNDS

| | | | |
|-------------------------------------|----------------------|--|----------------------|
| Player's Actual Grade (e.g. U12) | <input type="text"/> | Grade Seeking Approval For (e.g. U11) | <input type="text"/> |
|-------------------------------------|----------------------|--|----------------------|

| | | | | |
|---|---|----------------------|--------------------------|----------------------|
| Select the Ground on which the Application is made and complete the relevant additional information | GROUND 1 - Disability as per Disability Discrimination Legislation [See <i>NOTE 1</i>] | | <input type="checkbox"/> | |
| | Diagnosis of Disability (as per medical certificate) | <input type="text"/> | | |
| | GROUND 2 - Physical Size Considerations - BMI below 5 th percentile for age [See <i>NOTE 2</i>] | | <input type="checkbox"/> | |
| | Weight (in kg) | <input type="text"/> | Height (in cm) | <input type="text"/> |
| | BMI | <input type="text"/> | Percentile for Age | <input type="text"/> |
| | GROUND 3 - Physical Size Considerations - Height below 5 th percentile for age [See <i>NOTE 3</i>] | | <input type="checkbox"/> | |
| | Height (in cm) | <input type="text"/> | Percentile for Age | <input type="text"/> |

PART B PLAYER DETAILS

| | | | | |
|---|----------------------|---------------------------------|------------------------------|-----------------------------|
| Player First Name | <input type="text"/> | Player Surname | <input type="text"/> | |
| Player D.O.B. | <input type="text"/> | Player Club | <input type="text"/> | |
| How many years has the Player played AFL? | <input type="text"/> | Grades Played in Past 3 Seasons | Last season | <input type="text"/> |
| | | | 2 Seasons Ago | <input type="text"/> |
| | | | 3 Seasons Ago | <input type="text"/> |
| 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 <i>Best & Fairest</i> 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 and what Grades (if applicable)? | <input type="text"/> | | | |
| What year is the Player in at School? | <input type="text"/> | | | |

PART C MEDICAL CERTIFICATE CHECKLIST

| | | |
|--|---|------------------------------|
| A medical certificate [see <i>NOTE 4</i>] is attached? | Yes <input type="checkbox"/> | |
| The medical certificate was completed: | by an appropriately qualified Medical Specialist [see <i>NOTE 5</i>]? | Yes <input type="checkbox"/> |
| | within 3 months of submission of the application? | Yes <input type="checkbox"/> |
| The medical certificate provides: | a diagnosis of the Player's disability or physical size consideration? | Yes <input type="checkbox"/> |
| | the clinical rationale for the dispensation being sought ? | Yes <input type="checkbox"/> |

PART D EVIDENCE REQUIREMENTS

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.

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.]

PART E 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 | |
|--------------|----|--|----|--|

AGE DISPENSATION APPLICATION NOTES

| | |
|---|---|
| <p>NOTE 1 Diagnosis of Disability</p> | <p>The diagnosis of the Player’s disability must be supported by a medical certificate completed by a Medical Specialist with clinical expertise [see NOTE 4 and NOTE 5].</p> <p>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.</p> <p>For any psychosocial disability (psychiatric disability or mental disorder) a diagnosis must be classified according to the ICD-11 or DSM-5-TR.</p> |
| <p>NOTE 2 Physical Size Considerations (BMI)</p> | <p>An Application under this ground MUST be supported by a medical certificate [see Note 3] confirming:</p> <ul style="list-style-type: none"> (i) the Player’s Body Mass Index (‘BMI’) measurements (height, weight and BMI); and (ii) that the Player’s BMI is below the 5th percentile for the Player’s age. <p>The Player’s weight and height measurements must be taken within three months of the Application.</p> <p>BMI = mass (kg) / height² (m).</p> <p>Percentile for age is determined by reference to a BMI-for-age chart. The NSW Government Healthy Weight Calculator is one such tool that may be used to determine this.</p> |
| <p>NOTE 3 Physical Size Considerations (Height)</p> | <p>An Application under this ground MUST be supported by a current medical certificate [see Note 3] confirming:</p> <ul style="list-style-type: none"> (i) the player’s Height measurement; and (ii) that this is below the 5th percentile for the player’s age. <p>The Player’s height measurement must be taken within three months of the Application.</p> <p>Percentile for age is determined by reference to a Length-for-age chart. The Royal Children’s Hospital Melbourne Growth Charts is one such tool that may be used to determine this.</p> |
| <p>NOTE 4 Medical Certificate</p> | <p>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:</p> <ul style="list-style-type: none"> (i) is to provide a diagnosis of the Player’s disability [see NOTE 1]; (ii) <u>must</u> state the clinical rationale for the dispensation being sought and <i>have regard to all relevant matters pertaining to the Player’s disability or physical size considerations</i>; (iii) must describe how this disability impacts the Player’s function and capacity to effectively participate in football in Australian Football; (iv) is to specify the date of the consultation, date of the certificate, the Medical Specialist’s name and Medical Specialist’s area of specialty. <p>A medical certificate may be in the form of a medical report.</p> |
| <p>NOTE 5 Medical Specialist</p> | <p>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.</p> <p>The Medical Specialist must also be <i>appropriately qualified in an area of practice directly related to the dispensation being sought</i> (i.e. directly related to the player’s disability).</p> |