



Inclusion Dispensation Application Form

This Application form is established in accordance with Appendix Five of the *AFL South Coast League Rules*. The Application is to be used by a Club seeking approval from the Controlling Body for a Player with an intellectual impairment to be granted an Inclusion Substitute Dispensation to participate as a twenty-third (23) player in Men’s Reserve Grade or twenty-first (21) player in Women’s Reserve Grade Matches. All Parts of this Application form are to be completed.

By submitting this application the Player and Club consent to the Player being identified on the Team Sheet as the inclusion dispensation player. This information won’t be published on PlayHQ, websites or other online media.

PART A PLAYER DETAILS

Player First Name	<input type="text"/>	Player Surname	<input type="text"/>
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Player D.O.B.	<input type="text"/>	Player Club	<input type="text"/>
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How many years has the Player played AFL?	<input type="text"/>	List the Grades and corresponding year the player participated	<input type="text"/>
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Has the Player played in the National Inclusion Carnival?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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What other Sports has the Player participated in over the past 3 years and what Grades (if applicable)?	<input type="text"/>
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PART B CLUB SUBMISSION

Detail how the Player’s intellectual impairment impacts their ability to effectively participate in Australian Football without dispensation?	<input type="text"/>
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What reasonable adjustments has the Club looked to implement to overcome any of the impacts identified and that might have allowed the Player to play in an Open Age Grade without dispensation? Why were these adjustments not successful?	<input type="text"/>
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How would allowing the Player to be selected with an Inclusion dispensation support the Player to overcome any barriers to their effective participation in Australian Football arising from their intellectual impairment ?	<input type="text"/>
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Detail the measures put in place to manage the safety and welfare of the Player while participating in a Match.	<input type="text"/>
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Provide any additional background information that is relevant to the application.

PART C MEDICAL EVIDENCE REQUIREMENTS

An Application **MUST** be supported by confirmation the Player has an intellectual impairment as determined by [Sport Inclusion Australia](#) based on the Sport Inclusion Australia Athlete Registration and Primary Eligibility Application Guidance Notes.

Sport Inclusion Australia records attached

PART D 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 E DECLARATION & SIGNATORIES

DECLARATION

In signing this Application, each person acknowledges that *the information contained herein is true and accurate to the best of my knowledge*

Player's Name		Signature		Date	
Parent / Guardian 1 Name (if applicable)		Signature		Date	
Club Contact Name		Signature		Date	
Club Contact	Ph		Em		