



# **DISPENSATION APPLICATION PACK**

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ANNEX 1

DATE:

PRIVATE AND CONFIDENTIAL

# Annex 1 – The FA dispensation application pack



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# Notes for Applicant:

It is crucial to supply evidence that is in line with The FA's Dispensation Policy. Evidence needs to be relevant to each specific section of the application.

Please note that we require all material supplied by a relevant medical/education professional to be on letter headed paper and to be dated no earlier than 12 months from the date of the application.

Should the initial evidence you supply with the application not be complete, The FA may return your application. Should this be the case, you will be notified.

Once all the information is received, along with any other documentation you feel relevant, it will then be presented to both The FA's Senior Inclusion & Diversity Manager and The FA's Medical Services Team who will either approve or decline the application. Please note that their **decision will be final** and applicants will be notified of The FA's decision by posted letter or email.

For any avoidance of doubt the evidence we need from your application to help inform a decision needs to relate to the physical and social impact on your child for their year group.

The FA will endeavor to review your application within 2 weeks of your application.

Should your application be unsuccessful, you will be given reason(s) as to why. Whilst there is no appeals process, applications may be reviewed in light of further evidence being submitted.

If you have any queries, questions or concerns, then please do not hesitate to contact the Player Status Department via the following email address: [registrations@TheFA.com](mailto:registrations@TheFA.com)

# Request form

**Your child's medical practitioner or education establishment, as appropriate, should answer the following questions as fully and clearly as possible. If any question is unanswered, the FA may return your application.**

**All answers should be supported by evidence wherever appropriate, dated not more than 12 months from the date of the application, and on headed paper. Please note that only applications which are made on the basis of a 'change' of schooling year can be supported by educational evidence. Applications made on the basis of disability should be supported by medical evidence.**

1. Please state whether the child has a disability, SPDD or has delayed a year of schooling.
2. If the child has a disability or SPDD, please ensure the child's medical practitioner answers the following questions:
  - a. Please identify any particular characteristics of the disability or SPDD which are relevant to consideration of the request to play in an age group other than the child's prescribed age group.
  - b. Please explain how the particular characteristics of the disability or SPDD would place the child at a substantial disadvantage compared to his/her non-disabled peers if he/she were required to play football in his/her prescribed age group.
  - c. Please explain how playing in an age group other than the child's prescribed age group would neutralise or reduce the disadvantage caused by the child's disability or SPDD.
  - d. Please identify any increased or reduced health or safety risk to the child and/or his/her peers which would result from allowing him/her to play in an age group other than his/her prescribed age group.
  - e. Please explain why allowing the child to play in an age group other than the child's prescribed age group will not endanger the health and safety of the child or of any other person.
3. If the child has been schooled outside of their prescribed age group, please ensure the child's school, local education authority or relevant school admissions authority confirms that your answers to the following questions are accurate (and please provide a copy of your answers with the school/local education authority/school admissions authority letter):
  - a. Please explain which year the child is being schooled in.
  - b. Please explain why it was deemed appropriate for the child to delay a year of education.
  - c. Please explain how playing in his/her prescribed age group would place the child at a substantial disadvantage.
  - d. Please explain how playing in an age group other than the child's prescribed age group would reduce the disadvantage.

# Participant details of U18 requesting dispensation:

Name of child:	
DOB (Age in brackets):	

<b>Nature of disability, SPDD or Educational rationale:</b>
Notes to applicants: please state clearly the social or physical reasons for playing in a different year group OR being schooled in a different year group. Your evidence must support your reason

Gender	
Height (cm):	
Weight (kg):	

<b>Current team(s) playing for/played for last season:</b>

Age group prescribed by Rules:		Age group requesting to play in:	
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<b>Season requesting dispensation for:</b>

Date of request for dispensation:	
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Contact details for parent/carer:	League and Relevant CFA (including contact details if available):