# 2026 EFNL Age Dispensation Application to Play Down



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

| PARIA  | APPLIC  | AIIC  | IN GROUND                                    | <i>J</i> 3                 |             |                |                                    |  |  |  |  |  |  |
|--|---|-------|--|----------------------------|-------------|----------------|------------------------------------|--|--|--|--|--|--|
| This applicat  |   |       | Medical                                      |                            |             |                |                                    |  | IMPORTANT: See the                     |  |  |  |  |
| made on the<br>Grounds (Ple  | ease  | ı     | Physical Size Considerations (Height/Weight) |                            |             |                |                                    |  | medical evidence requirements for each |  |  |  |  |
| select all that apply)   |   |       | Developmental Considerations (Skill Level)   |                            |             |                |                                    |  | Ground in Part D                       |  |  |  |  |
| Player's Actual Grade<br>(e.g. U12)  |   |       | Grade Seeking A<br>(e.g. U11)                |                            |             | g Appro        | oval For                           |  |  |  |  |  |  |
|  |   |       |  |                            |             |                |                                    |  |  |  |  |  |  |
|  |   |       |  |                            |             |                |                                    |  |  |  |  |  |  |
| PART B   | PLAYER  | R DET | AILS   |                            |             |                |                                    |  |  |  |  |  |  |
| Player First Name  |   |       |  |                            |             | Player Surname |                                    |  |  |  |  |  |  |
| Player D.O.B.  |   |       |  |                            | Player Club |                |                                    |  |  |  |  |  |  |
|  |   |       |  |                            |             |                |                                    |  |  |  |  |  |  |
| How many years has the Player played AFL?  |   | Э     |  | Grades/Age<br>Group Played |             | 2025           |                                    |  |  |  |  |  |  |
| Prayer played AI L:  |   |       |  | in Past 3                  | you         | 2024           |                                    |  |  |  |  |  |  |
|  |   |       | Seasons.                                     |                            |             | 2023           |                                    |  |  |  |  |  |  |
| 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? |   |       |  |                            |             |                |                                    |  |  |  |  |  |  |
| DI   |   |       |  |                            |             | T              |                                    |  |  |  |  |  |  |
| 3 seasons when finished in the fairest, and he league best a                                 | ine over the pas<br>where the player<br>the club best and<br>I how many EFNI<br>t and fairest<br>layer has polled | ayer  | Club Best and Fairest Placing                |                            |             |                | EFNL League Best and Fairest Votes |  |  |  |  |  |  |
|  |   |       | 2025   |                            |             | 2025           |                                    |  |  |  |  |  |  |
|  |   | led.  | 2024   |                            |             |                | 2024                               |  |  |  |  |  |  |
|  |   |       | 2023   |                            |             |                | 2023                               |  |  |  |  |  |  |

| PART C  | CLUB SUBMISSION   |
|---|---|
| the player's o  | the reasons impacting capacity to effectively named their actual age group.   |
| club looked t<br>overcome an<br>and that migh<br>player to play       | able adjustments has the to implement to by of the effects identified the have allowed the y in their actual age were these adjustments ful?                |
| in the lower a  | allowing the player to play<br>age group support the<br>croome any barriers to<br>e participation in<br>potball?  |
| assistance to   | ailability of any other<br>o the player that will<br>to effectively participate<br>Football.  |
| player in a lovadversely implayers in that including the may be as mu | ne participation of the wer age group will not pact the safety of other at lower age group, youngest players (who uch as 4 years younger) of those players. |
|   | additional background<br>that is relevant to the  |

## PART D PERMIT REQUIREMENTS

### **GROUND ONE -**

#### **DISABILITY/MEDICAL**

**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.

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:

- the player's Body Mass Index ('BMI') measurements (weight divided by 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 three months of the Application.

## **GROUND THREE -**

#### **DEVELOPMENTAL**

By ticking this box, I confirm that this player does not have the adequate skill level to compete in their own age group. This would therefore mean that this play should not:

- Poll votes in the EFNL League Best and Fairest
- Finish Top 12 in the club best and fairest
- Finish in the top 10 in the EFNL League Goal Kicking

By ticking this box I also understand that at any point during the 2025 season, if the player shows the ability to be more than competitive in the age group they have been permitted down to play in that the permit will be rescinded immediately, and the player will be required to participate in their own age group.

# 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 |           |  |      |  |  |  |  |
|-----------------------------|--|-----------|--|------|--|--|--|--|
|                             |  |           |  |      |  |  |  |  |
| Parent / Guardian 1<br>Name |  | Signature |  | Date |  |  |  |  |
|                             |  |           |  |      |  |  |  |  |
|                             |  |           |  |      |  |  |  |  |
| Club Contact Name           |  | Signature |  | Date |  |  |  |  |