

Dispensation Checklist

In line with the dispensation Rules and Regulations, below is a checklist of information required for submission. A minimum of two statements is required for any application; these statements should incorporate the details requested.

Medical

The player has a long-term medical condition and or disability affecting their ability to participate within their appropriate age group. Please ensure that supporting information has been provided by a medical professional, which
☐ Identifies the player's long-term medical condition or disability,
\Box Identifies the particular characteristics of the above which are relevant to seeking dispensation to play outwith the player's own age group.
\square Explains why this would place the player at a significant disadvantage over peers
$\hfill\Box$ Explains why playing in the year group below would reduce the disadvantage caused by the medical condition or disability.
\square Explains why playing an age group below would not endanger other children
\Box The club secretary or child wellbeing officer has submitted the application form.
□ Evidence from an independent medical expert* submitted to swf@scotwomensfootball.com referencing the application.
Rural/Geographical
The player lives in a rural location. Please ensure the following supporting evidence has been provided;
☐ Current home address
□ Name of the team they are looking to join
□ Name of the nearest age-appropriate team
☐ Confirmation of the club training venue, address and postcode.
\square Explains why playing an age group above or below would not endanger other children
$\hfill\Box$ The club secretary or child wellbeing officer has submitted the application form.

Player Development Play up

The player has exceeded the technical and tactical skill level of their appropriate age group. Please ensure the following supporting evidence has been provided;

\Box An overview of the skill level of the player in comparison to the skill level of players within their age group.
\Box Detail in relation to the well-being strategy for the player to have no negative effect from exposure to an older environment.
\square The club secretary or child wellbeing officer has submitted the application form.
Player Development Play Down
The player falls below the technical, tactical skill level of their appropriate age group. Please ensure the following supporting evidence has been provided;
\Box An overview of the skill level of the player in comparison to the skill level of players within their age group.
\square Detail in relation to coaching strategy for the player to meet the skill level of their age group in future.
\Box Detail in relation to the well-being strategy for the player to have no negative effect on younger children.
\square The club secretary or child wellbeing officer has submitted the application form.

*Independent medical expert

- General Practitioner/Doctor
- Nurse
- Physiotherapist
- Sports Scientist
- Medical/Health/Wellbeing Practitioner
- Teacher
- Social Worker
- Other Specialists (e.g., support workers, CAMHS specialists, etc.)

Must be provided on letter-headed paper and dated no earlier than 3 months from the date of the application