

DISPENSATION APPLICATION PACK

ANNEX 1

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1. NOTES FOR THE CLUB/APPLICANT

Dispensation applications can only be submitted by the club secretary.

It is imperative that the parent/carer supply evidence in line with the SYFA dispensation policy. The evidence provided must be relevant to each section of the application.

All supporting evidence provided by either a medical professional or educational institution must be provided on letter headed paper and dated no earlier than 3 months from the date of the application. For any letters of support from charitable establishments, the charity details/registration information must also be noted on the letter headed paper.

Any applications submitted whereby no supporting evidence/information has been provided, will not be considered, and automatically returned. Therefore, please ensure all the relevant information has been provided in line with the dispensation criteria as noted in the policy and Annex 1. It may be helpful to use the checklist to ensure no information has been omitted.

When a complete application has been received, it will be reviewed by the SYFA.

Please note that the **decision will be final and binding** and the club secretary will be notified of the SYFA's decision by posted letter or email.

The SYFA will endeavour to review your application within 2 weeks of receipt.

Should your application be unsuccessful, you will be notified in writing and given a reason as to why. Per the supplementary and playing rules, there is no right of appeal to the SYFA, therefore please ensure you familiarise yourself with the dispensation policy, particularly the grounds in which you can apply for dispensation and what supporting information/evidence is required/necessary to support your application. Any request to review an unsuccessful decision will not be considered and we cannot engage in dialogue on a decision once an outcome letter has been issued. Any further applications submitted within the same season cannot be considered.

Applicants do have the right to appeal a decision to an Appellate Tribunal of the Scottish FA. Please refer to sections 14 and 15 of the Judicial Panel Protocol for further information:

https://www.scottishfa.co.uk/scottish-fa/football-governance/judicial-panel-protocol/

If you have any queries or questions, please do not hesitate to contact dispensations via the following email address syfadispensations@scottish-football.com

2. SUPPORTING EVIDENCE

The child's medical professional or educational institution, as appropriate should answer the following questions as fully and clearly as possible. If any questions are left unanswered, the SYFA may reject your application.

Where possible and if applicable, medical evidence should be submitted in support of these answers and be dated no more than 3 months from the date of the application, on letter headed paper.

Applications made based on a disability should be supported by medical evidence.

Applications made based on neurodiverse features or a development impairment should be supported by medical and educational evidence.

- 1. Please state the specific grounds for the dispensation request.
- 2. If the child has a disability, neurodiverse features, or impaired development, please ensure the relevant professional answers in full or can provide further information/evidence for the following areas:
 - a. Please identify any characteristics of the disability which are relevant to consideration for the player to play one age group below their own age group.
 - b. Please explain how the characteristics of this disability would place the child at a significant disadvantage compared to his nondisabled peers if they were required to play at their own age group
 - c. Please explain how playing a year group below the players own age group would reduce the disadvantage caused by the disability
 - d. Please explain why participating at an age group below the players own age group would not endanger the health and safety of other children.
 - e. Please explain why playing in the age group below would reduce this disadvantage
- 3. If the player lives in a rural local (i.e. there are no clubs in a 20 mile radius with an age appropriate team)

The parent/care should provide the following information;

- a. Two forms of ID which confirm the parent/carer's address, dated within 3 months
- b. A letter from the parent confirming their home address, the name of the team they are looking to join and details of the nearest age-appropriate team.

The club should provide the following;

a. A letter which confirms the training venue, address and postcode.

3. DISPENSATION FORM

Player Details	
Name of Child	
Address	
Post Code	
Date of Birth	
Gender	
Place of Birth	
Player's ID Number	
Dationala fon Dianan	action Dominat
Rationale for Dispens	·
	lease clearly state the reason for requesting dispensation to allow the player
to play one age grou	p below their own age group. Your evidence must support your reason.
Club Details (for which	ch dispensation is being sought)
Name of Club	
Team ID Number	
Team Age group	
Season for which	
dispensation is	
sought	
Name of Club	
official submitting	
the application	
Role at the club	
I confirm that by signi	ng below the above team wish to apply for dispensation for the
aforementioned playe	
	··
Signature	
Date	

4. DISPENSATION CHECKLIST

Part A

In line with the dispensation policy, having reviewed the information before submission, the following information has been provided;

We are seeking dispensation on the following grounds
\square I. The player has a recognised disability, or
\square II. The player has a developmental impairment or neurodiverse features, or
☐ III. The player lives in a rural location
Part B
If seeking dispensation for either I or II, please ensure supporting information has been provided by a medical professional which;
\square Identifies the player's disability, neurodiverse features or developmental impairment
\square Identifies the particular characteristics of the above which are relevant to seeking dispensation to play one year below the player's own age group
\square Explains why this would place the player at a significant disadvantage over nondisabled peers
\square Explains why playing the year group below would reduce the disadvantage caused by the disability
\square Explains why playing an age group down would not endanger other children
Part C
If seeking dispensation for III, please ensure the following supporting evidence has been provided;
\square Two forms of ID which confirms the parent/carer's home address, dated within 3 months
\square A letter, from the parent which confirms;
☐ Current home address
\square Name of the team, they are looking to join
☐ Name of the nearest age-appropriate team
\square A letter from the club which confirms the training venue, address and postcode.
Part D
\square The application form has been signed by the club secretary