

AFL GENDER DIVERSITY POLICY APPLICATION FORM

In accordance with the operation of the AFL Gender Diversity Policy, all people who transition from male to female and non-binary persons seeking to play in the AFLW competition must complete this Application Form and provide the information listed in Requirements 1-5 (inclusive) listed in it which will form their application for approval of their AFLW draft nomination (**Application**).

SECTION A

I (full name) Preferred pronoun
of (address)
Post Code Phone Email

SECTION B

In making this Application, I acknowledge and agree that:

1. I am (tick applicable):
 - a person who has transitioned from male to female
 - a non-binary person
2. I have submitted (on or about the same time as submitting this Application) my nomination for the AFLW Draft for the forthcoming AFLW Season (**AFLW Draft Nomination**).
3. My AFLW Draft Nomination is strictly subject to approval of this Application and I will only be eligible for selection in the AFLW Draft if this Application is approved in accordance with the AFL Gender Diversity Policy.
4. I will abide by and comply with the requirements of the AFL Gender Diversity Policy and all reasonable requests made by the AFL of me in connection with this Application and the operation of the AFL Gender Diversity Policy.

SECTION C

In connection with this Application, I have provided the following information as required by the AFL Gender Diversity Policy (or if not provided, I have provided an explanation as to why):

Requirement 1:	Medical records that establish that the Player's total testosterone level in serum for at least 24 months prior to the date of this Application
Requirement 2:	A medical report outlining relevant medical treatment connected to the Player's gender transition over the 24-month period prior to the date of this Application
Requirement 3:	Data over the 24-month period prior to the date of this Application pertaining to the Applicant's: <ul style="list-style-type: none"> ▪ height ▪ weight ▪ bench press (1RM and/or 3RM) ▪ squat (1RM and/or 3RM) ▪ 20m sprint time ▪ vertical jump ▪ match raw GPS data (sample of three (3) Australian Rules Football matches if available) ▪ 2 kilometre run time
Requirement 4:	A copy of any Therapeutic Use Exemption granted through the Australian Sports Anti-Doping Authority
Requirement 5:	Any other supporting documentation relevant to the assessment of this Application

I confirm that the information provided by me as part of this Application (i.e. on this Form and in response to the Requirements noted above) is true and correct and I have not withheld any information that is relevant to consideration and determination of this Application.

THIS SECTION MUST BE SIGNED BY THE APPLICANT

Signed: Date:.....

PLEASE DO NOT COMPLETE BELOW THIS LINE

Lodged with the AFL on: (date) at (time)

Signed:

This Application must be marked "Private and Confidential" for the attention of the "Head of Legal & Regulatory, AFL". Applications may be submitted in person at AFL House (140 Harbour Esplanade, Docklands Vic 3008), by post (GPO Box 1449, Melbourne Vic 3001) or by email (aflgdp@afl.com.au).