This permit arrangement is only open to players who are full-time students. A player residing away from their usual place of abode while attending a Secondary/TAFE College, Institution or University on a full time and continuous basis and playing in any affiliated competition may, during registered school holidays and registered semester vacations approved by both affiliate League Operations Departments and AFL Victoria Football Operations Department, receive a permit to play with the club with which the player was last registered with before being transferred to their current club.

If required by either affiliate League Operations Departments or AFL Victoria Football Operations Department, the player shall supply documentary evidence of their attendance at the said College, Institute, or University.

A player eligible under this permit may only participate in one game per weekend and may be eligible for finals providing they have qualified under the local provisions however they may only play in one finals series per weekend. Any finals matches must also be during registered school holidays and registered semester vacations approved by both affiliate League Operations Departments and AFL Victoria Football Operations Department.

Prior to any match played, the player shall obtain a Season Permit in PlayHQ. Permits under this clause must be applied for and approved prior to July 1st in each year and is only applicable for that current year.

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| **Part A – Application Details** | | | |
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| **Player Details** | | | |
| Player First Name |  | Player Surname |  |
| Date of Birth |  | Mobile |  |
| Registered Club |  | Registered League |  |
| Permit Club |  | Permit League |  |
| Living Away From Home Address |  | Home Address |  |

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| **Student Details** | | | | | | | | | |
| Institution Type (tick one) | University |  | Secondary School |  | | Other | |  | |
| Institution Name |  | | Name of Course or Year |  | | | | | |
| Copy of Student ID Attached |  | | Full-time Course | Yes |  | | No | |  |

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| **Educational Institution Holiday Period(s)** | | | |
| Holiday Period Start Date |  | Holiday Period End Date |  |
| Holiday Period Start Date |  | Holiday Period End Date |  |
| Attach evidence that confirms your Educational Institution’s holiday period(s) | | |  |

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| **Permit Period(s)** (cannot exceed holiday period dates) | | | |
| Permit Period Start Date |  | Permit Period End Date |  |
| Permit Period Start Date |  | Permit Period End Date |  |

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| **Part B – Player Declaration** |

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| **Signatory** | | | |
| In signing this Permit Form, I confirm that:   1. the details provided in this Permit Form are, to the best of my knowledge, true and correct; 2. I am a full-time student at the educational institution named in Part A of this Form. 3. I am living away from home to undertake the course, or year of school, detailed in Part A of this Form; and 4. I am seeking a Permit to play with my former club, as named in Part A of this Form, being the Club I was previously registered with prior to being cleared to my current club, and that the permit is only for the period specified in Part A of this Form. 5. I abide by the rules and conditions of any applicable Interchange Agreement entered into between the two affiliate Leagues. | | | |
| **Player Signature** |  | **Date** |  |
| **If Under 18, Signature of Parent or Guardian** |  | **Date** |  |

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| **Part C – Approvals** |

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| **Registered Club Name:** | | | | | | |
| Permit Approved | | | Yes |  | No |  |
| **Name** |  | **Role** |  | | | |
| **Signature** |  | **Date** |  | | | |

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| **Registered League Name:** | | | | | | |
| Permit Approved | | | Yes |  | No |  |
| **Name** |  | **Role** |  | | | |
| **Signature** |  | **Date** |  | | | |

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| **Permit Club Name:** | | | | | | |
| Permit Approved | | | Yes |  | No |  |
| **Name** |  | **Role** |  | | | |
| **Signature** |  | **Date** |  | | | |

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| **Permit League Name:** | | | | | | |
| Permit Approved | | | Yes |  | No |  |
| **Name** |  | **Role** |  | | | |
| **Signature** |  | **Date** |  | | | |

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| **AFL Victoria Country Region Manager Approval Name (if applicable):** | | | |
| **Name** |  | **Region** |  |
| **Signature** |  | **Date** |  |