



Capricornia Representative School Sport
Department of Education
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FORM 7 – ABSENTEE / SPECIAL CONSIDERATION APPLICATION

Title of Competition: _____

Dates of Competition: from ___/___/___ to ___/___/___ Competition Venue: _____

Surname: _____ Given name(s): _____ Gender Identity: _____ (please specify)

Date of Birth: ___/___/___

School attended: _____ School contact: _____

School Postal Address: _____ School Phone: () _____

STUDENT'S DECLARATION: I am aware that –

1. This CRSS trial is held once only, on _____
2. I should not assume that my application will automatically be granted as each application is decided individually.
3. By signing this I give permission for CRSS Staff to contact me, my parents / guardians or staff at my school to clarify information about my application.

Student's signature: _____ Date: ___/___/___ .

Parent / Guardian's signature: _____ Date: ___/___/___ .

GROUND'S FOR ABSENCE:

DOCUMENTATION TO BE ATTACHED:

(Note: Documentation must cover the day/s of the trial/competition)

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Medical condition on the day/s of competition 2. Medical condition on the day/s of competition – COVID related. Student or close contact (immediate family member in same house hold) 3. Absence due to competing at a higher level of competition (State/National/International) in the same sport and same discipline
Name of Competition: _____ 4. Absence due to competing in a QSS (State Team) or SSA (National Team) in a different sport
Name of Team: _____ 5. Bereavement reasons | <ol style="list-style-type: none"> 1. Medical certificate to include the date when full participation can resume 2. COVID – You will be required to produce evidence of results (positive or negative) in order to confirm selection. In the event you are awaiting results your student may be considered for team selection.
Scanned copy or photograph of Q Health email or SMS Response is to be submitted. 3. In case of bereavement reasons, a letter from the school Principal to support absence |
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Instructions to submit application:

Applications close on the day prior to the commencement of the trial. COVID exemption may differ.

Capricornia Representative School Sport (CRSS) reserves the right to refuse late applications.

If you are unable to participate in the trial and want to be considered for selection, you must submit this form, indicating the criteria for which you qualify, along with supporting documentation, ie: medical certificate.

Forward the completed application to your District Secretary for consideration. They will then forward to the Regional School Sport Officer by the day before the competition, if consideration has been granted. This form will be presented at the Pre-Trials Meeting.

Contact details for District Secretaries can be obtained from the CRSS website: www.capport.eq.edu.au

District Record Management:

CRSS Record Management:

Approved by RSSO:

YES/NO

Date received: ___/___/___

Date received: ___/___/___

Student notified: ___/___/___

Approved by: _____

Filed: ___/___/___