

Queensland Representative School Sport

Absent competitor application form

Information for applicants

This form outlines eligibility criteria for students seeking alternate selection consideration for advancement to the next level of competition in the Queensland Representative School Sport program. Eligibility is granted to students who are unable to participate in trials due to circumstances such as illness, injury, authorised school events, or events beyond their control. These circumstances must not be a result of the student's deliberate choice or that of their parents/caregivers (e.g., family holidays).

The purpose of this form is to enable a parent/carer/independent student athlete to advise their team official of an absence, and request **consideration for selection**, by providing the reason and evidence they are unable to compete.

Please note: Submission of the *Absent competitor application form* serves as a request for alternate selection consideration and does not guarantee automatic placement in the team.

Instructions

To be considered for selection as an Absent Competitor, the applicant is to:

- complete **Sections A to E** of this Absent competitor application form and return the entire form (including blank **Section F**) and any accompanying documents to the responsible officer (below) prior to the commencement of the event;
- or
- in the case of **injury or illness, weather event or natural disaster or family circumstance on the day of the event**, complete **Sections A to E** of this Absent competitor application form and return the entire form (including blank **Section F**) prior to the start of competition. Any evidence (i.e., medical certificate) for the above reasons for absence must be provided within 24 hours of the competition commencement.

Event	Applicant returns form to:	Approval and communication by:
District Trial	School Sport Co-ordinator	District Chair or delegate
Regional Trial	District Official	Regional School Sport Officer
State Championship	Regional Team Manager and Regional School Sport Officer	Sport Executive Chair / QRSS

Privacy statement

The Department of Education (DoE), through Queensland Representative School Sport, is collecting the information on this form in accordance with the [Information Privacy Act 2009](#) for the purposes of recording the reason the student listed in Section A is unable to attend the Queensland Representative School Sport competition listed in Section B.

This information will only be accessed by authorised departmental employees and persons authorised by Queensland Representative School Sport, including appointed team officials. In accordance with section 426 of the [Education \(General Provisions\) Act 2006](#) (regarding student's personal information) and the [Information Privacy Act 2009](#) (parent/carer's personal information), this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

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Section A: Student details

Surname	Given name (Preferred name)	Date of birth
Parent/Carer name	Parent/Carer email	Parent/Carer mobile
School name	School contact	
School contact details		
Phone:	Email:	

Section B: Competition details

Title of trial/event		Sport & Age Division	
Date of trial/event		District/ Region/ State	

Section C: Reason for absence

These reasons are for consideration only and may not be approved.

<i>Reason for Absence (please tick)</i>	<i>Evidence Required</i>		<i>Evidence Due</i>
Conflicting Sport Event <input type="checkbox"/> Representative School Sport trial/event at the same or higher level <input type="checkbox"/> Competing in a higher standard in a sport.	Evidence and supporting documentation of participation in another representative school sport (e.g. selection verification from QRSS/State/National Sporting Organisation) including name and date of event.		Must accompany the AC Form at time of submission.
<input type="checkbox"/> Illness/Injury	A medical certificate from an approved medical practitioner, with a return to sport date.		Within 24 hours of submitting the AC Form
<input type="checkbox"/> Extreme weather event or natural disaster as determined by the Government.	Evidence to demonstrate student and/or family have been impacted		Within 24 hours of submitting the AC Form
<input type="checkbox"/> Certain family circumstances beyond the influence of the student. (e.g., cultural and religious obligations and compassionate grounds).	Written letter from the student and/or their parent/carers		Within 24 hours of submitting the AC Form
<input type="checkbox"/> Authorised school event, including but not limited to, exam, school activity, camp, excursions/incursions with a reason that the student's Principal has approved. Please complete details below. The teacher is to review the information, sign and date. Principal endorsement is also required.	Teacher Signature:	Date/s of school event:	Must accompany the AC Form at time of submission.
	Description of event (e.g. exam, excursion, camp)		
	Principal signature:	Date:	

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Section D: Supporting evidence for consideration

Provide reasons for consideration for absent competitor selection including, but not limited to, experiences, achievements and times/results of approved events within the current sport season, including but not limited to school sport.

Section E: Signature block

I request this consideration for absent competitor selection. I acknowledge that this is a request and is subject to approval from the responsible officer at the relevant level of the representative pathway.

Name of Parent / Carer / Independent Student			
Signature of Parent / Carer / Independent Student		Date:	

Section F: Absent competitor application outcome

The purpose of this section is to document whether the student listed in Section A is eligible for selection.

The event official has endorsed the application and submitted for approval and communication to:

- District Trial - District Chair or Delegate
- Regional Trial - Regional School Sport Officer
- State Championship - Sport Executive Chair

The application for **consideration for selection** has been:

Approved

Not approved

Comments:

Name:	Signature:
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