Certificate of Exception

Application Form

Section 1 – Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename: |  |
| Address: |  |
|  |
|  | Postcode: |  |
| Home Telephone Number: |  |
| Gender: Male/Female/ Prefer to Self-Describe: |  |

As ‘gender-affected sports’ aquatics are split into ‘male’ and ‘female’ eligibility categories. For the purposes of competition please select the category in which you compete.

|  |  |
| --- | --- |
| Competition Category:  | Male/Female |

|  |  |
| --- | --- |
| Email: |  |
| Date of Birth: |  |
| Swim England Membership Number: |  |

**Exception Required:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Swimwear (Section 2) |  | Technical (Section 3) |

Section 2 – Swimwear Exception

Please note the exception afforded by this certificate refers to WA GR 5.1-3. ‘Performance-enhancing’ swimwear or those that increase buoyancy will not be permitted under this exception.

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| Please detail the reasons why you require a swimwear exception (e.g. religious requirements etc.).Additionally, if requesting an exception for taping to cover a medical device please include within this section. (Please delete explanatory text when completing). |

Section 3 – Technical Exception

Nature of Disability or Long-Term Health Condition:

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| --- |
|  |

Please tell us how your impairment affects you (e.g. lower left leg weakness and reduced range of motion etc.).

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|  |

Which strokes are affected and how?

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| (Please provide as much detail as possible with regards to any movements you cannot do as our Technical Official will use this to determine the exception(s) needed for your certificate. The exceptions that the certificate will be awarded against are detailed within Appendix 1.) |

Section 4 – Confirmation

If the applicant is under 18 years of age the following will need to be completed by a parent/guardian.

I confirm that the information provided above is accurate and honestly reflects the exceptions required.

|  |  |
| --- | --- |
| Signatory (PRINT NAME):  |  |
| Signed: |  |
| Date: |  |

I confirm that to the best of my knowledge the information provided above is accurate and honestly reflects the exceptions required.

|  |  |
| --- | --- |
| Co-Signatory (PRINT NAME): |  |
| Position within Applicant Club: |  |
| Swim England Membership Number: |  |
| Signed: |  |
| Date: |  |

Data Protection Statement:

Swim England will use your personal data for the purpose of producing your certification and I understand that by submitting this form, I am consenting to receiving my Certificate of Exception by post, email, SMS/MMS, online or phone unless stated otherwise. Where applicable, certification will only be given to participants with a permanent disability, not to participants with a short term incapacity.

Please complete and return to Swim England’s membership team via: renewals@swimming.org

Appendix 1 − Criteria for the Issue of a Technical Exception

**Backstroke:**

Start: Unable to grip handrail with one (specify which) or both hands

Support/Assistance needed to enter the pool and/or perform a start.

**Breaststroke:**

Arms: Unable to perform simultaneous arm movement.

Unable to perform a ‘Breaststroke Type’ action with one (specify which) or both arms.

Legs: Unable to perform simultaneous leg movement.

 Unable to turn Left/Right/Both (specify which) foot/feet outwards.

 Unable to perform any leg kick.

Turn/Finish: Unable to perform a simultaneous touch or can touch with one hand only.

**Butterfly:**

Arms: Unable to perform a simultaneous arm movement.

Legs: Unable to perform a simultaneous up and down leg movement with one (specify which) leg.

 Unable to perform any leg kick.

Turn/Finish: Unable to perform a simultaneous touch or can touch with one hand only.

**Support/Assistance:**

Start: To enter the pool and/or perform a start for events when starting in the water.

 To assist stability on the block or poolside when making a start.

Turn/Finish: To perform ‘Tapping’ operation for visually impaired swimmers.

Stroke: To act as ‘Spotter’ for swimmers with a specified medical condition.