

TAF Exceptions Panel Application



First Name		Surname	
Date of Birth		Phone Number	
Email Address			
Membership Club/s			

What are your current endorsements?

	SRC	BM	ROC	SMAR	SMPC	CPR	FA	ART	SSV	IRBC	IRBD
Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Assess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Facilitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your physical limitation in as much detail as possible.

What activities do your current limitations preclude you from participating in?

***Please attach extra pages should you require more room.*

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What TAF Activities are you able to undertake with your limitations?

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Please provide the details of your treating doctor

Doctors Name		Phone Number	
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Please attach a letter from your treating doctor describing the activities you are able to complete as a TAF. Have a discussion with them regarding what activities are expected of you for each of your TAF endorsements and ask for any limitations to be included in the letter.

The endorsement panel respect your privacy, and your information will always be treated as confidential.

Please add any further information that you feel would support your application for TAF Exemption.

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Whilst the members of the exemption panel will make decisions based on the information you provide on this form, they may at times seek advice from your treating practitioner, medical specialists and other third parties who can provide advice to inform their decisions. This is to ensure your safety in any recommendation made regarding your application for exemption.

By signing the below, you acknowledge that all information provided in this application is true and correct to the best of your knowledge and accept to abide by the panel's decision.

Name

Signature

Date

