

APPLICATION FOR DISPENSATION 1:1 Care

Background:

Given the nature of our organisation, and the athletes involved in our programme, it is recognised that there may be circumstances whereby an athlete may not be able to meet the qualification criteria to attend a Special Olympics New Zealand or Special Olympics Club event.

The accepted 1 to 4 coach to athlete ratio may not always be appropriate and so if a Club has a situation where extra support is needed over & above the 1 to 4 ratio the following dispensation request system is provided to make this happen.

Conditions:

The ratio of coaches to athletes is 1:4 and must be adhered to in all sports other than equestrian. On a case-by-case basis extra support may be agreed to by the Games Organising Committee (GOC) to ensure the health and wellbeing of an athlete. The form attached should be completed and forwarded as soon as possible

It should be noted that as the sport of equestrian will be based away from the rest of the team, the coach to athlete ratio is 1:2 if you wish to take advantage of this.

In view of this, the following sets out the process around applying for a dispensation.

Information Needed:

1. A written explanation must be supplied setting out the details as to why the athlete needs one to one care.
2. It should also set out what happened for coverage at the overnight Tier Two qualifier for this athlete.
3. Please advise the implications to the Team as to what the ramifications are if the athlete was not granted a one-to-one care dispensation.
4. This form needs to be signed by the Chairperson of the Club involved, endorsing the information supplied by the coach.

Process:

The application for dispensation will be considered by the Partnership and Sports Manager who will make a decision, and the outcome advised to the Chairperson of the Club within 24 hours, provided all of the information is supplied within the request.

Deadline:

All applications must be submitted to the Partnership and Sports Manager by the registration deadline set out in the event timeline.

Email - sport@specialolympics.org.nz



Application for Dispensation

Names of Athlete involved:

Name of person making this request: -

Contact Details: -

Sport involved: -

Event for
dispensation: -

Reason why the above requires one on one care at this event

Names & Signatures of the coach and chairperson involved: -

Club Chair Name _____

Email Contact _____

Club Chair Signature _____

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Decision to grant a dispensation

Approved / Declined

Signed:

Date:

Mitchell Rhodes – Partnership and Sports Manager