**Template for documenting team selection decision**

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| --- | --- |
| Decision maker name |  |
| Decision maker position |  |
| Student name |  |
| Age |  |
| SSV event |  |
| Date school made aware a decision regarding participation was required. |  |

**Preference of student including options discussed and any pertinent parent/carer/family information as necessary.**

**Notes from discussion with sports coordinators, SSV and any legal advice including, if relevant, concerns in relation to fairness of participation (children over 12 years of age only) and/or in relation to serious health and safety of participants.**

**Agreed support to be provided to student or other participants.**

**Basis for decision**

Attach copies of the following if applicable:

1. Email confirming delegation of decision making by Principal
2. Gender affirmation support plan
3. Advice sought (email or summary notes if not included in the notes above)

|  |  |
| --- | --- |
| Decision |  |
| Date decision made |  |
| Date decision conveyed to the student |  |