



## PRIMARY ELIGIBILITY CHECK APPLICATION FORM

<b>Country</b>		<b>Sport</b>
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<b><u>Athlete's Name</u></b>		
	(Last Name or Family Name)	(First Name or Given Name)
<b>Address</b>		
<b>Other Contact details (Tel/Fax/E-mail)</b>		
<b>Date of Birth</b>	dd/mm/yyyy	<b>Male/Female</b>

<b><u>Parent/Guardian/ Advocate</u></b>	
<b>Address</b>	
<b>Other Contact details (Tel/Fax/E-mail)</b>	
<b>Relationship</b>	

Attach 3 passport-size photos here

(Please write the athletes name on the back)



**ATHLETE'S NAME:**

## DECLARATIONS

### ATHLETE DECLARATION

By putting my signature (or other identifying mark) on this paper, I am saying that the information presented in this application is, to the best of my knowledge, accurate. I am aware of the eligibility criteria to compete as an athlete with intellectual disability.

\_\_\_\_\_  
(Athlete's Signature or identifying mark)

\_\_\_\_\_  
(Date)

### PARENT/GUARDIAN/LEGAL GUARDIAN DECLARATION

In signing this document I confirm that the information presented in this application is, to the best of my knowledge, accurate. I am aware of the eligibility criteria to compete as an athlete with intellectual disability.

\_\_\_\_\_  
(Parent, Caregiver or Legal guardian's Signature)

\_\_\_\_\_  
(Date)

### CONFIDENTIALITY AND DATA PROTECTION

This box is to be used for privacy of information and/or other legal statements that may be required in some INAS-FID member nations. Please insert appropriate statement if needed, otherwise leave this box blank.

I understand that the information contained in this form will be circulated and processed as necessary by AUSRAPID and associated organisations in order to confirm my status as an athlete with an intellectual disability with organisers of sporting events throughout the world in relation to competitions I wish to compete in worldwide. E.g. INAS-FID, IPC.

I understand this information will be held on file circulated and processed as necessary by INAS-FID.



**ATHLETE'S NAME:** \_\_\_\_\_

**EVIDENCE OF INTELLECTUAL DISABILITY**

*(To be completed by the National Eligibility Officer)*

In my capacity as a professional with expertise in assessment/diagnosis of intellectual disability, I certify that the above named athlete is a person with intellectual disability. My statement is based on assessment results that show the athlete has (please ✓ all that apply):

	Yes	No	Supporting Documentation Attached?
Significant impairment in intellectual functioning			
Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills.			
Intellectual disability evident during the developmental period, which is from conception to 18 years of age			

**TESTS USED AND RESULTS**

Name/Version of IQ test:		Verbal Sub test score:	
		Performance sub test score:	
		Full Scale IQ Score:	

Name/Method of Adaptive Behaviour Test Used:		Score Achieved (if formal test used):	
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**NATIONAL ELIGIBILITY OFFICER ENDORSEMENT**

<b><u>Name</u></b>	_____
	(Surname) (Given Name)
<b>Signature</b>	_____
<b>Phone/Email address</b>	
<b>Full details of professional Qualifications (e.g., education, training certification)</b>	
	<b>Psychologist Registration Number:</b> _____



## INAS MEMBER ORGANISATION ENDORSEMENT

I have read the preceding information. The information provided is complete and accurate to the best of my knowledge and I support that the individual names in this application meets the primary eligibility criteria of INAS-FID

**Name of National INAS-FID Member Organisation**

**President or Secretary  
General**

.....  
**Signature**

.....  
**Printed Name**

.....  
**Position**

.....  
**Date**

**Seal**

## NPC ENDORSEMENT

I have read the preceding information. The information provided is complete and accurate to the best of my knowledge and I support that the individual named in this application meets the primary eligibility criteria of INAS-FID.

**Name of National Paralympic Committee** (please print or type)

**President or Secretary  
General of NPC**

.....  
**Signature**

.....  
**Printed Name**

.....  
**Position**

.....  
**Date**

**Seal**

## ATTACHMENTS/CHECKLIST



Form and all attachments	<ul style="list-style-type: none"> <li>Completed in English (unless specified otherwise)</li> </ul>	
Evidence	<ul style="list-style-type: none"> <li>Full IQ report attached and signed</li> <li>Full Adaptive Behaviour Assessment attached and signed</li> <li>Appropriate evidence of age of onset attached or signed statement from psychologist</li> </ul>	
Additional Attachments	<ul style="list-style-type: none"> <li>3 photos (with athletes name on the back)</li> <li>Copy of Passport of similar photo-identification</li> </ul>	
Endorsements	<ul style="list-style-type: none"> <li>National Eligibility Officer</li> <li>National Paralympic Committee</li> <li>INAS FID Member Organisations Official</li> </ul>	



## CHECKLIST & CONTACT LIST

1. Three identical passport photographs must be included.
2. \$35 must be included with form to be processed.
3. A Psychologist must sign page 3 and a copy of psychological testing must be included
4. Any other documentation proving that the athlete has attended a special school or received a pension because of an intellectual disability can also be included.
5. Completed forms and attachments to be forwarded to AUSRAPID as indicated above. If there is some problem, please contact your State/Territory Member organisation listed below for further assistance.

Victorian Athletes:

VICSRAPID  
Sports House  
Level 2 – 375 Albert Road  
ALBERT PARK VIC 3206  
03 9926 1380

South Australian Athletes:

SASRAPID  
Level 2 Station Arcade  
52-54 Hindley Street  
ADELAIDE SA 5000  
08 8410 6999

Queensland Athletes:

Life Stream Foundation  
PO Box 1512  
COORPAROO QLD 4151  
07 3891 5466

New South Wales Athletes:

NSWRAPID  
PO Box 198  
SYDNEY MARKETS NSW 2129  
0407 319 690

Northern Territory Athletes:

Total Recreation  
GPO Box 3217  
DARWIN NT 0801  
08 8981 3686

Tasmanian Athletes:

The New Horizons Club  
PO Box 49  
MOWBRAY TAS 7248  
03 6326 3344

Australian Capital Territory Athletes:

ACTSPORT  
100 Maitland Street  
HACKETT ACT 2602  
02 6257 9977

Western Australian Athletes:

Recreation & Sport Network  
PO Box 1279  
INNALOO WA 6918  
08 9201 8900