



INTERNATIONAL SPORTS FEDERATION FOR PERSONS WITH INTELLECTUAL DISABILITY

INTERNATIONAL REGISTRATION APPLICATION FORM

**All documents must be in English specified.
Official translations are *strongly advised*.**

Contents of the Application

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REVISED APRIL 2005 VERSION 2

1. INTRODUCTION

This form should be used to register athletes for competition sanctioned by INAS FID – the International Federation for Intellectual Disability sport. Information about INAS FID can be found at www.inas-fid.org. The form was updated in April 2005. Version 2, introduced in June 2008, includes updated notes and guidance.

To ensure fair and competitive sport, INAS FID strictly applies the eligibility criteria described below, using the attached form. Please follow the instructions carefully and complete the form in full as incomplete applications will be returned.

2. THE ELIGIBILITY CRITERIA

In all international level competition, athletes with an intellectual disability must:

- a) Have an intellectual disability formally diagnosed in accordance with accepted standards
- b) Show evidence of the affects of an athlete's intellectual disability in sport

3. INTELLECTUAL DISABILITY

The diagnostic criteria for intellectual disability used by INAS FID are consistent with those of the World Health Organisation (WHO, ICD-10 and ICF, 2001) and the American Association on Mental Retardation (AAMR, 2002), and are recognised internationally by professional organisations (International Association for the Scientific Study of Intellectual Disability, American Psychological Association).

The criteria for intellectual disability has three components:

- a) **Significant impairment in intellectual functioning as indicated by a full scale score of 75 or lower** on an internationally recognised and professionally administered IQ test (for example, a Wechsler Intelligence Scale for Children [WISC-R], Wechsler Intelligence Scale for Adults [WAIS-III])
- b) **Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills** established through the use of standardised measures that have been norm-referenced on the general population including people with disabilities (e.g., Vineland Adaptive Behaviour Scales, AAMR Adaptive Behaviour Scales) or, where no such test exists, by clinical observations. Examples of these skills include: communication, self-care, self-direction, and social/interpersonal skills. Limitations in adaptive behaviour affect both daily life and the ability to respond to life changes and environmental demands.
- c) **Intellectual disability must be evident during the developmental period**, which is from conception to 18 years of age.

4. AFFECTS OF INTELLECTUAL DISABILITY IN SPORT

This is measured in Part IV of the application – the 'Sport Information and Consequences Questionnaire' (often called the SIC-Q). This tool is used for showing how and in what way an athlete's intellectual disability affects sport (in other words, the functional implications of intellectual disability in sport). All sections of the SIC-Q must be completed in full. The athlete, parent, coach and INAS member nation should assist with completing this part of the form.

Additionally, the athlete's coach should write a supporting letter that explains how the athlete's intellectual disability affects his/her participation in sport.

5. EVIDENCE

To register as an athlete with intellectual disability, an athlete must provide evidence from a qualified professional (e.g. a registered/certified psychologist) with expertise in the diagnosis of intellectual disability. This professional is asked to confirm that the assessment and diagnosis of the athlete's intellectual disability has been done correctly and meets all of the requirements as outlined above. The report should contain four parts:

a) Significant impairment in intellectual functioning: A qualified professional must provide direct evidence (primary evidence) that explains the testing procedures and the results that validate a diagnosis of significant impairment in intellectual functioning. This should be in the form of a summary letter/report that includes full details about the process including:

- i. When, where and by whom was the assessment done?
- ii. What tools/tests were used?
- iii. For what purpose was the test performed?
- iv. The results of the tests, stating clearly the FULL SCALE IQ

b) Significant limitations in adaptive behaviour: A qualified professional must provide direct evidence (primary evidence) that explains the testing procedures and the results of these procedures that validate a diagnosis of significant limitations in adaptive behaviour. This should be in the form of a summary letter/report that includes full details about the process including:

When, where and by whom was the assessment done?

- i. How the assessment for Adaptive Behaviour was done, for example, was a standardized test used (e.g., Vineland Adaptive Behaviour Scales) or, where no such test exists, some other appropriate method (e.g. clinical observation over a prolonged period of time)
- ii. For what purpose was the test performed?
- iii. The results of the tests, stating clearly whether the person has (or does not have) significant limitations as expressed in conceptual, social, and practical adaptive skills

IMPORTANT: In countries where standardised tests are available then these should be used. Where there are no standardised tests, adaptive behaviour may be measured by clinical observations. In these cases the assessment and summary report should detail information under the headings communication, self-care, self-direction, and social/interpersonal skills, ability to respond to life changes and environmental demands.

c) Intellectual disability must be evident during the developmental period: The athlete must provide direct evidence (primary evidence) showing that an IQ of 75 or lower was evident before the age of 18. Where this is not possible, a qualified professional must provide a summary statement explaining:

- i. that in their opinion, the disability was evident before the age of 18
- ii. the basis/evidence on which this opinion is expressed

d) A statement of the expert's final diagnosis: Based on all of this evidence, have the full standards and requirements for determining that a person has an intellectual disability been met?

Only direct evidence will be accepted to show that the athlete has intellectual disability. Supplementary information (for example, evidence of special school attendance or other services received) will not be accepted in place of this direct evidence, but may be provided as additional support for the athlete's application.

It is not acceptable to send only the test papers themselves (eg. the WAIS or Vineland papers), but the summary report.

6. NOTES TO APPLICANTS

Applications for eligibility should be submitted as soon as possible, and at least a minimum of 6 weeks, in advance of a pending competition. Applications not received at least 6 weeks before competition will not be processed.

Please make sure that the individuals responsible for completing the different parts of the application fully understand the instructions and requirements in each section. All sections of the application must be completed in full. Incomplete applications or those that are not completed properly will be returned and this will cause delays in evaluating eligibility.

The form and all accompanying documentation must be in the English language unless otherwise specified. Documents translated from a national language into English must be certified as accurate and authenticated by a registered notary.

PART I, Sections 1 - 2: Athlete's Personal Details and Athlete and Legal Guardian

Declarations: These sections are to be completed by the athlete (if possible), parent, caregiver, guardian, next of kin, and/or legal trustee. Note: Three passport size photographs are required. Please write the athlete's name clearly on the back. Please also enclose a photocopy of the athlete's passport.

PART II: Confidentiality of Information and/or Data Protection Statements: In some countries the collection of personal information must be accompanied by a statement of confidentiality and/or information protection. If this is required, please insert statement as required in the box provided.

PART III, Sections 1 - 3: Direct Evidence of Intellectual Disability: This section must be completed by an expert in assessment/diagnosis of intellectual disability and must include a sufficiently detailed letter/report that clearly explains the process of assessment and results that meet internationally recognized standards for the diagnosis of intellectual disability (see page 3).

PART IV, Sections 1 - 5: Sport Information & Consequences Questionnaire (SICQ: Sections I through III, which are specific to sport consequences, must be completed by the athlete's primary coach. Coaches are strongly encouraged to write a supporting letter that clearly describes how the athlete's intellectual disability affects his/her sport participation. An INAS-FID member nation representative who is familiar with the athlete must complete sections IV and V of the SICQ. In completing these two sections, it may be necessary to consult with the athlete's parent, caregiver, or legal guardian (for example, to obtain information about related health concerns). All sections of the questionnaire must be completed in full.

PART V: A representative from each level of the evaluation/review process in the member nation must complete this section of the form, this includes:

- a) A representative of the NEC experts who evaluated and confirmed all aspects of the general eligibility criteria (intellectual disability, and SIC-Q) have been met
- b) the NPC representative
- c) the president or secretary general of the INAS-FID member organisation.

PART VI: Athlete Application Checklist: This section is to be completed, signed and dated by the INAS-FID representative at a national level.

When complete, keep a copy of your form and send the original to:

INAS FID
PO BOX 588
Wakefield
WF1 9GA
ENGLAND

7. NATIONAL ELIGIBILITY COMMITTEE

The purpose and responsibility of the National Eligibility Committee has been expanded to include all levels of evaluation that must be completed before applications for eligibility are submitted to the INAS Secretariat.

The required composition of these groups and their respective responsibilities are as follows:

- a) One or more professionals (e.g., psychologist) recognised within the member nation as having the appropriate knowledge, expertise, and experience in assessment of intellectual disability and the ability to evaluate whether all the supplied documentation (the direct evidence) is correct and sufficient for meeting all aspects of the criteria for determining intellectual disability (intellectual functioning, adaptive behaviours, and onset before age 18—all standards must be met).

- b) One or more professionals (e.g., physical education teacher, nationally certified coach) with expertise and experience in coaching athletes with intellectual disability and athletes without intellectual disability. The role of this individual is to carefully evaluate all aspects of Sport Limitations (Section II) and Participation Restrictions (Section III) sections of the SIC-Q. The purpose of this evaluation is to ensure that these parts of the SIC-Q are completed in full and the information presented is accurate.

- c) The National Paralympic Committee or their approved delegate also will be part of the revised NEC process. Their role is to review the application and, if all materials are in order, to provide their endorsement. Where it is not possible to gain the authorisation of the NPC, this must be explained in writing.

The INAS-FID member nation or their approved representative is ultimately responsible for ensuring that all aspects of the application are completed in full and correctly, and that all aspects of the application evaluation process at the member nation level are implemented correctly.

All applications must be evaluated and approved by the member nation's National Eligibility Committee (see page 5) before being sent to the INAS FID Secretariat.

The Secretariat will then conduct a further evaluation to ensure that all aspects of the application are fully and correctly completed, communicate with the member nation about the status of the submitted applications and issue athlete licenses for those who fulfil all of the eligibility requirements.

8. MULTIPLE SPORT APPLICATIONS

Registrations are issued on a sport by sport basis. Athletes may only compete in INAS competition in sports in which they are registered.

To register in a second or additional sport, it is necessary to complete an SIC-Q for each sport. It is not necessary to provide additional evidence of eligibility.

A separate form is available to register athletes in additional sports.



International Sports Federation for Persons with Intellectual Disability

ATHLETE ELIGIBILITY APPLICATION: REVISED APRIL 2005

PART I: ATHLETE AND LEGAL GUARDIAN INFORMATION

Country	AUSTRALIA	Sport	
Registration Number <i>(For INAS-FID to enter)</i>			
<u>Athlete's Name</u>			
	(Last Name or Family Name)	(First Name or Given Name)	
Address			
Other Contact details (Tel/Fax/E-mail)			
Date of Birth	dd/mm/yyyy	Male/Female	
<u>Parent/Guardian</u>			
Address			
Other Contact details (Tel/Fax/E-mail)			
Relationship			
<i>Attach 3 passport size photographs of the athlete and a copy of the athlete's passport. Please write the athlete's name on the back of each photo.</i>			

ATHLETE & LEGAL GUARDIAN DECLARATION

This declaration, which is to be signed by the athlete and his/her legal guardian acknowledges that the individual is a person with intellectual disability and that the information included in this application can be shared with appropriate authorities for the purpose of demonstrating eligibility for INAS-FID and IPC competitions.

ATHLETE'S NAME:

By putting my signature (or other identifying mark) on this paper, I am saying that I am an athlete with intellectual disability and it is okay for INAS-FID and the IPC to look at the information in this application so this can be proved. I am also giving my permission for copying and keeping the information in my application in a database.

(Athlete's Signature or identifying mark)

(Date)

In signing this document I am verifying _____ (Print **athlete's** full name) has been diagnosed as having an intellectual disability. I also agree to allow INAS-FID and the IPC to look at the information in this application to make sure the criteria for competing in these sport organisations have been met. I also approve the scanning and recording of information included in this application in a computerized database.

(Parent, Caregiver or Legal guardian's Signature)

(Date)

PART II: CONFIDENTIALITY & DATA PROTECTION STATEMENTS

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.

Confidentiality of Information and/or Data Protection Statements

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 organises 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.

PART III: EVIDENCE OF INTELLECTUAL DISABILITY

Note: To be completed by a qualified professional (e.g., psychologist) with expertise in assessment and diagnosis of intellectual disability.

ATHLETE'S NAME:

SECTION 1, PROFESSIONAL DECLARATION

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 as defined by internationally recognized standards (e.g., World Health Organization, American Association on Mental Retardation, International Association for the Scientific Study of Intellectual Disability). My statement is based on assessment results that show the athlete has: (please ✓ all that apply)

Significantly impaired intellectual functioning as determined by an IQ score that is 75 or lower.

Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills.

Been diagnosed with intellectual disability before age 18.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2, SUPPORTING DOCUMENTATION

To support my declaration that the above named athlete meets the standards for diagnosis of intellectual disability, I have attached a letter/summary report that includes:

Full details about the testing methods used for assessing intellectual functioning and adaptive behaviours.

Full assessment **results** for both intellectual functioning **and** adaptive behaviour.

A statement of diagnosis based on all of the available assessment information (does the individual meet the standards required for diagnosis of intellectual disability?).

Yes*
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

*** Attached documentation must address, in full, each of these areas and must be in ENGLISH (certified translation).**

Note: To be completed by a qualified professional (e.g., psychologist) with expertise in assessment and diagnosis of intellectual disability.

SECTION 3: TESTS USED AND RESULTS

Name of IQ Test Used: FSIQ Score:

Name/Method of Adaptive Behaviour Test Used:

SECTION 4: BACKGROUND INFORMATION ON ASSESSMENT PROFESSIONAL

<u>Professional's Name</u>	
Printed	_____
	(Surname) (Given Name)
Signature	_____
Address	
Professional Qualifications (e.g., education, training certification)	
	Psychologist Registration Number: _____

PART IV: SPORT INFORMATION & CONSEQUENCES

QUESTIONNAIRE (SICQ, page 13—26 of application)

Sections I-III are to be completed by the **athlete's coach**. All questions/items are to be answered by checking (✓) the appropriate boxes (☐), and providing additional information if requested or required. In addition to completing the questionnaire, it is **strongly recommended** that you, the coach, write a letter that explains in your own words how the athlete's intellectual disability makes his/her participation in sport difficult.

SECTION I: BACKGROUND SPORT INFORMATION

1.1 In what sport is the athlete applying for registration?

	Yes
Athletics (track & field)	<input type="checkbox"/>
Basketball	<input type="checkbox"/>
Nordic skiing (Cross-country skiing)	<input type="checkbox"/>
Swimming (aquatics)	<input type="checkbox"/>
Table tennis	<input type="checkbox"/>
Other sport, please specify: _____	<input type="checkbox"/>

1.2 Does the athlete presently or in the future hope to qualify for IPC levels of competition?

	Yes	No
Athletics (track & field)	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Nordic skiing	<input type="checkbox"/>	<input type="checkbox"/>
Swimming (aquatics)	<input type="checkbox"/>	<input type="checkbox"/>
Table tennis	<input type="checkbox"/>	<input type="checkbox"/>

1.3 How long has the athlete been training/competing in the sport for which he/she is applying to register?

	Less than 1 year	1 to 3 years	4 to 6 years	7 + years
Athletics (track & field)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nordic skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming (aquatics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sport, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II: SPORT ACTIVITY LIMITATIONS

Note/Instructions: Included in this section are questions/items designed to determine the effects of an athlete's intellectual disability on his/her sport. To ensure an accurate profile, it is essential that each question/item be considered in relation to the ***athlete's overall training history—not just their present level in sport development.***

For each question, please indicate whether the item is an ongoing concern, a past concern, or never a concern (by ✓ the appropriate). If an item does not apply to the athlete's sport, please check (✓) the "does not apply to the sport" box ().

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
2.1 Does the athlete have difficulty <i>learning</i> the skills required for his/her sport?				
- Physical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Movement sequencing & planning skills (i.e., skills that must be completed in a particular order, which required coordination and planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Technical skills of the sport (e.g., serving in table tennis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Strategies of the sport (e.g., pacing, shot selection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rules of the sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Does the athlete have difficulty with <i>self-regulation in learning sport skills?</i>				
- Self-detection of errors in skill learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Self-correction of errors in skill learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Does the athlete have difficulty <i>maintaining sport skill learning?</i>				
- From one training day to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- From one training season to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Are there other sport skills specific to the athlete's sport, which present <i>learning difficulties</i> (ongoing or in the past)? If yes, please list (attach additional page if necessary):				
<hr/>				
<hr/>				

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
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2.5 Does the athlete have difficulty **applying** (using/doing) the skills required for his/her sport?

- Physical skills

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Movement sequencing & planning skills (i.e., skills that must be completed in a particular order, which required coordination and planning)

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Technical skills of the sport (e.g., serving in table tennis)

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Strategies of the sport (e.g., pacing, shot selection)

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Rules of the sport

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are other skills specific to the athlete's sport that he/she has ever had difficulty **applying (using/doing) in training or competition**, please list:

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
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2.6 Does the athlete have difficulty **attending to directions** (following directions)?

- Does he/she follow the coaches instructions during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Does he/she obey the decisions of officials (e.g., referees) during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 Does the athlete have difficulty **managing his/her behaviour** (without direct supervision and guidance) in sport?

- Does he/she have difficulty accurately completing assigned tasks independently (e.g., completing required repetitions, number of laps, warm-up routines) during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Does he/she have difficulty ensuring proper nutrition for:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Does he/she have difficulty monitoring personal safety during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Does he/she have difficulty recognizing or preventing sport injury during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ongoing
concernPast
concernNever a
concernDoes not
apply to
the sport2.8 Does the athlete have difficulty with the **social skills** required in sport?

- Does he/she appropriately interact with team mates during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Does he/she appropriately interact with other athletes/competitors during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Does he/she appropriately interact with coaches during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Does he/she appropriately respond to decisions of officials (referees, line judges) during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Does he/she demonstrate "sportsmanship" during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2.9 Does the athlete have difficulty with *other skills* required for sport?

- Does he/she make appropriate decisions during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Does he/she communicate appropriately during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Does he/she have difficulty with motivation during:

<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION III: PARTICIPATION RESTRICTIONS

Note/Instructions: The questions/items in this section are designed to determine whether there are other factors, in addition to sport activity limitations, that restrict the athlete's participation in sport. All questions/items must be answered by checking (✓) the appropriate box (☐).

The athlete's sport *training* environment

		Yes	No
3.1	Does the athlete have access to a sport training program in his/her sport?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the frequency (number of sessions each week) of this training sufficient for maximizing development in the athlete's sport?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the intensity (workload per session) of this training sufficient for optimal development in the athlete's sport?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the duration (length of training season) of this training consistent with the requirements of high level performance in the athlete's sport?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Does the athlete's sport training program include other athletes?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, do these other athletes have:		
	- Intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>
	- Other disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
	- No disability at all (non-disabled)?	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Does the athlete have a qualified coach in his/her sport? If yes, does the coach have:	<input type="checkbox"/>	<input type="checkbox"/>
	A degree in physical education or sport science from an accredited university?	<input type="checkbox"/>	<input type="checkbox"/>
	Nationally recognized education/certification in coaching?	<input type="checkbox"/>	<input type="checkbox"/>
	Education/training in coaching athletes with intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>
	Nationally recognized education/certification in the technical requirements of the sport they are coaching?	<input type="checkbox"/>	<input type="checkbox"/>
	Experience coaching high-level athletes without intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>

The athlete's *competition* environment

	Yes	No
3.4 At what level of competition has the athlete participated?		
- Local (in the athlete's town/city)	<input type="checkbox"/>	<input type="checkbox"/>
- Regional/Provincial/State (in one part of the country)	<input type="checkbox"/>	<input type="checkbox"/>
- National (athletes from all parts of the country)	<input type="checkbox"/>	<input type="checkbox"/>
- International (athletes from other countries in the world)	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Does the athlete directly compete:		
- only with other athletes with intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>
- with athletes with other disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
- with athletes who have no disability at all (non-disabled)?	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Without any special considerations or supports, can the athlete compete on equal terms with athletes without disabilities :		
- at the local level (in the athlete's town/city)?	<input type="checkbox"/>	<input type="checkbox"/>
- at the regional/provincial/state level (in one part of the country)?	<input type="checkbox"/>	<input type="checkbox"/>
- at the national level (athletes from all parts of the country)?	<input type="checkbox"/>	<input type="checkbox"/>
- at the international level (athletes from other countries in the world)?	<input type="checkbox"/>	<input type="checkbox"/>

Sections IV-V are to be completed by a representative of the INAS-FID member nation/organisation, in consultation as necessary with the athlete's parents, care-givers, or legal guardians.

SECTION IV: CONTEXTUAL FACTORS

Note/Instructions: The questions/items in this section are designed to collect information about other factors that affect eligibility and sport participation (i.e., factors specific to the athlete's personal environment and the national services and systems environment). All questions/items must be answered by checking (✓) the appropriate box (☐).

Athlete's personal environment

	Yes	No
4.1 Where does the athlete <i>live</i> :		
- At home with his/her parents or caregivers?	<input type="checkbox"/>	<input type="checkbox"/>
- On his/her own with assistance for daily living?	<input type="checkbox"/>	<input type="checkbox"/>
- In his/her own home <u>without</u> assistance for daily living?	<input type="checkbox"/>	<input type="checkbox"/>
- In an assisted living home that includes other individuals with intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>
- In an institution for individuals with intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>
Does the athlete live in another arrangement, which is not listed. If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>

4.2 Is the athlete currently attending <i>special education</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
If the athlete is not currently at school, did he/she attend special education in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Does/did the athlete's schooling include physical education?	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Is the athlete currently <i>employed</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the athlete employed in:		
- A sheltered workshop for people with intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>
- A regular work setting with assistance?	<input type="checkbox"/>	<input type="checkbox"/>
- A regular work setting <u>without</u> assistance?	<input type="checkbox"/>	<input type="checkbox"/>
- An unpaid (volunteer) position?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Does the athlete's work involve an arrangement that is not listed. If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<hr/>		
<hr/>		

4.4 Does the athlete's personal environment include:

- Family/social support for his/her participation in sport training and competition?	<input type="checkbox"/>	<input type="checkbox"/>
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- Financial resources for enabling high level sport training and competition?	<input type="checkbox"/>	<input type="checkbox"/>
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- Transportation for accessing sport training and competition opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

- Appropriate nutrition for high level sport training and competition?	<input type="checkbox"/>	<input type="checkbox"/>
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- Access to medical services for sport injury prevention, assessment, and treatment?	<input type="checkbox"/>	<input type="checkbox"/>
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Are there other factors specific to the athlete's personal environment that limits his/her ability to participate in sport? If yes, please explain (attach additional page if necessary):	<input type="checkbox"/>	<input type="checkbox"/>
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National Services and Systems Environment

	Yes	No
4.5 Within your country, are there laws that guarantee equal treatment of people with intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do these laws restrict/limit, in any way, access to information about a person's diagnosis of intellectual disability? Please explain (attach additional page if necessary):		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
4.6 Compared with members of the general public in your country, do individuals with intellectual disability have equal access to:		
- Education	<input type="checkbox"/>	<input type="checkbox"/>
- Employment	<input type="checkbox"/>	<input type="checkbox"/>
- Housing	<input type="checkbox"/>	<input type="checkbox"/>
- Medical services	<input type="checkbox"/>	<input type="checkbox"/>
- Physical education in school	<input type="checkbox"/>	<input type="checkbox"/>
- Sport and recreation programs	<input type="checkbox"/>	<input type="checkbox"/>
- Sport competitions	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Within the sport system in your country, are athletes with intellectual disability generally considered:		
- Part of the regular sport system that serves all athletes?	<input type="checkbox"/>	<input type="checkbox"/>
- Part of the disability sport system that serves only athletes with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
- A separate and distinct group, not served by other sport groups or systems?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V: HEALTH CONDITIONS AND ASSOCIATED DISABILITIES

Note/Instructions: The questions/items in this section are designed to collect information about health conditions, associated disabilities, and medications that may affect the athlete's sport participation. All questions/items must be answered by checking (✓) the appropriate box (☐).

5.1 In addition to intellectual disability, does the athlete have other health concerns or associated disabilities that may affect his/her sport participation?

	Yes	No
(i) Cardiovascular/heart problems	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Respiratory ailments:		
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Other respiratory problems, please list: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Mental health concerns:		
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health concerns, please list: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Specific form/type of intellectual disability:		
Apert syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Down syndrome	<input type="checkbox"/>	<input type="checkbox"/>
- Atlantoaxial instability (orthopaedic instability of cervical vertebrae 1 & 2)	<input type="checkbox"/>	<input type="checkbox"/>
Fetal alcohol syndrome (FAS)	<input type="checkbox"/>	<input type="checkbox"/>
Fragile X syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Other form/type of intellectual disability, please list: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
(v) Associated impairments/conditions:		
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural disorder	<input type="checkbox"/>	<input type="checkbox"/>
Motor (movement) impairments	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorder (epilepsy, convulsive disorder)	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>

Are there other **health concerns** or **associated disabilities**, which are not listed, that affect the athlete's participation in sport? If yes, please explain.

5.2 Is the athlete on any prescribed medications that may affect his/her sport participation?

	Yes	No
Anti-seizure medication	<input type="checkbox"/>	<input type="checkbox"/>
Anti-depressant medication	<input type="checkbox"/>	<input type="checkbox"/>
Asthma drugs	<input type="checkbox"/>	<input type="checkbox"/>
Heart medications	<input type="checkbox"/>	<input type="checkbox"/>
Ritalin	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other prescribed medications the athlete is taking but are not listed. If possible, please use the generic drug name and note the active pharmaceutical product.

COMPLETION AND AUTHENTICITY OF INFORMATION: SICQ SECTIONS IV AND V

Who participated in completing Sections IV and V of the questionnaire?

	Yes
Parent/caregiver/legal guardian	<input type="checkbox"/>
Athlete	<input type="checkbox"/>
Coach	<input type="checkbox"/>
INAS-FID member nation/organization representative	<input type="checkbox"/>

SPORT INFORMATION & CONSEQUENCES QUESTIONNAIRE STATEMENT OF OVERALL ACCURACY AND AUTHENTICITY

As a recognized official of the INAS-FID member nation/organization **AUSRAPID Inc. - Australian Sport and Recreation Association for Persons with an Intellectual Disability**, (print name of member organization/nation), I the undersigned acknowledge and accept full responsibility for the accuracy and authenticity of the information contained in **all sections** of the Sport Information and Consequences Questionnaire.

Robyn J Smith
(Printed name)

(Signature)

(Date)

**End of SICQ
(Part IV of Application)
Thank You!**

PART V: NATIONAL ELIGIBILITY COMMITTEE, INAS-FID AND NPC ENDORSEMENTS

ATHLETE'S NAME:

On behalf of the group responsible for evaluating that the general eligibility requirements have been met, I hereby certify that all of the required documentation is complete and accurate.

Name of National Eligibility Committee Representative (please print or type) Marie T Little
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..... Signature: Date:
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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 general eligibility criteria of INAS-FID and the IPC.

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

President or Secretary General of NPC		Seal
..... Signature Position	
..... Printed Name Date	

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 general eligibility criteria of INAS-FID and the IPC.

Name of National INAS-FID Member Organisation AUSRAPID Inc.
--

President or Secretary General		Seal
..... Signature	Chief Executive Officer Position	
Robyn J Smith Printed Name Date	

Passport Photograph	Passport Photograph	Passport Photograph
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Please attach 3 passport photographs. Payment of an initial registration fee of \$35 must be forwarded with the completed form to AUSRAPID before processing will commence:

AUSRAPID Inc
63 Carrier Street
BENALLA Vic 3672
Tel: 03 5762 7494
Fax: 03 5762 3560
mail@ausrapid.org.au

PART VI: ATHLETE APPLICATION – CHECKLIST

CHECK FOR COMPLETION OF THE FOLLOWING		✓
Form and all attachments	Completed in English (unless specified otherwise)	
	Attached Documents Translated and Notarised as Authentic	
Athlete	Name	
	Address	
	Date of Birth	
	Sex	
	3 photographs attached	
Parent/Caregiver/Legal Guardian	Name	
	Contact No	
	Address	
Athlete & Legal Guardian Declarations	Athlete signature	
	Parent, care-giver or Legal guardian signature	
Digitalizing and storing personal data (SUH) release	Must be signed to allow recording of data in SUH database	
Confidentiality of Information and/or Data Protection Statement	Insert only if required by law in your country	
Evidence of Intellectual disability	All sections completed in full	
	All required documentation is attached	
Sport Information & Consequences Questionnaire (SICQ)	SICQ completed in full	
	Supporting letter from Coach attached (recommended but not required)	
Additional Items	Photos Attached	
	Copy of Passport Attached	
Endorsements	National Eligibility Comm. Rep.	
	NPC	
	National INAS-FID member	

INAS-FID Member Nation Representative:

Name: Robyn J Smith

Date :

Signature: _____

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 10 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