



CLASSIFICATION APPLICATION FORM

Country		Sport
----------------	--	--------------

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

Attach 3 passport-size photos here

(Please write the athlete's name on the back)



ATHLETE'S NAME:

DECLARATIONS AND PERMISSION TO USE INFORMATION

All athletes must sign or place their mark. If the athlete is under 18, or if the athlete is without legal competency to sign themselves, the second part should also be signed by the athletes parent or legal guardian.

ATHLETE DECLARATION (All Athletes must complete)

By signing this declaration I am saying that

- a) I understand the eligibility criteria to compete as an athlete with intellectual disability and believe that the information presented in this application is accurate.
- b) I give INAS-FID permission to use information in accordance with the INAS Data Protection and Information Handling Policy.
- c) I give INAS-FID permission to use this information to decide whether I am a person with intellectual disability for sports classification.
- d) As far as I know, all the information in my application is true and accurate.
- e) I understand what the information in this form is being used for, or I have had this explained to me.

(Athlete's Signature or identifying mark)

(Date)

PARENT OR LEGAL GUARDIAN (only if the athlete is Under 18, or Over 18 and without legal capacity to give consent)

By signing this declaration I am saying that,

- a) I understand the eligibility criteria to compete as an athlete with intellectual disability and believe that the information presented in this application is accurate.
- b) The person named above is under 18 years, or without legal capacity to sign on their own behalf.
- c) I have the legal right to sign on behalf of this person and as such I give INAS-FID permission to use information in accordance with the INAS Data Protection and Information Handling Policy.

Signature + print name

(Date)

Relationship to Athlete

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 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.



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 Documents Attached?
Significant impairment in intellectual functioning (see guidelines for eligibility criteria)			
Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills (see guidelines for eligibility criteria)			
Intellectual disability evident during the developmental period, which is from conception to 18 years of age			

TESTS USED AND RESULTS

Name of IQ Test Used: _____	Version:	_____
	Full Scale IQ Score:	_____

Name/Method of Adaptive Behaviour Test Used: _____	Score: (if available)	_____
--	-----------------------	-------

NATIONAL ELIGIBILITY OFFICER ENDORSEMENT

Name	_____ (Last Name or Family Name) _____ (First Name or Given Name)
Signature	_____
Phone/Email address	_____
Full details of professional Qualifications (e.g., education, training certification)	_____
Membership number/name of Professional Bodies	_____



INAS MEMBER ORGANISATION OR NPC ENDORSEMENT

I have read the preceding information. The information provided is complete and accurate to the best of my knowledge and I know of no reason why the athlete should not be considered for inclusion on the INAS-FID Master List.

Name of National INAS-FID Member Organisation or NPC

AUSRAPID INC

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

ATTACHMENTS/CHECKLIST



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

In order to avoid delays, please check carefully to ensure that all parts of the form have been completed, and all necessary evidence has been attached.