Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief outline of your impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reasoning for applying to be classified for Paratriathlon**

Why do you require classification at this time? (Check all that apply)

* Intend to compete Domestically in 2023
* To engage in Talent Identification activities
* Intend to compete beyond 2023
* Other

Please specify …………………………………………………………………………………………………………….

**Virtual Assessment**

Athletes may undergo an initial assessment over video call but those who require further assessment may be required to participate in a F2F assessment.

Do you have access to a good quality internet connection that can support a video call?

* Yes
* No

Do you have a device that can support video calls?

* Yes
* No

Do you have a safe environment and adequate space to perform any required movement assessment?

This space should have the following characteristics:

|  |  |  |
| --- | --- | --- |
| **Characteristic** | **Yes** | **No** |
| Quiet and confidential |  |  |
| Enough space to move with your arms fully extended through a 360 deg range |  |  |
| Limited interruptions |  |  |
| Good lighting |  |  |
| An adequate internet connection to support clear video and audio for the duration of the session |  |  |

**Face to Face (F2F) Consultation**

If you require a Face to Face consultation, then you will be required to complete a health risk evaluation to confirm that it is safe for both yourself and the classification team to complete a face to face classification at this time. If this is not possible then the remaining practical elements will be completed at a time that it is safe to do so.

Additionally on the day you attend your appointment you (and anyone who you have supporting you for your appointment) will be required to complete a health form declaring that you have not had any symptoms of Covid, or come into contact with anyone who has been diagnosed with Covid, in the 14 days before the appointment. If this means that you are unable to complete the face to face element of classification at this time as we will seek to find you a further opportunity when it is appropriate to do so.

I confirm I have read and understood this declaration, and the information I am submitting is accurate.

|  |  |
| --- | --- |
| Printed Name of the athlete: | |
| Signature: | Date: |

|  |  |
| --- | --- |
| Name of Parent/Guardian \*: | |
| Signature: | Date: |

\*This is mandatory if the Athlete is under eighteen (18) years of age