



ELIGIBILITY APPLICATION FORM PARA-ATHLETES WITH INTELLECTUAL IMPAIRMENT

(MARCH 2016)

PART 1: ATHLETE REGISTRATION

This page to be completed by the athlete's representative

| | | | | | | | | | |
|--|---|------------------------|--|---------------------------|--|---------------|--|---|---|
| <p>Attach/insert 1 passport-size photo here</p> <p>(Please <u>write the athletes name</u> on the back)</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Athlete Surname</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">Athlete First Name</td> <td></td> </tr> <tr> <td style="padding: 5px;">Region</td> <td></td> </tr> <tr> <td style="padding: 5px;">Sport(s) in which the athlete will compete</td> <td style="padding: 5px;"> Athletics <input type="checkbox"/> Swimming <input type="checkbox"/> Table Tennis <input type="checkbox"/> </td> </tr> </table> | Athlete Surname | | Athlete First Name | | Region | | Sport(s) in which the athlete will compete | Athletics <input type="checkbox"/> Swimming <input type="checkbox"/> Table Tennis <input type="checkbox"/> |
| Athlete Surname | | | | | | | | | |
| Athlete First Name | | | | | | | | | |
| Region | | | | | | | | | |
| Sport(s) in which the athlete will compete | Athletics <input type="checkbox"/> Swimming <input type="checkbox"/> Table Tennis <input type="checkbox"/> | | | | | | | | |
| Date of Birth | ____ / ____ / ____ (dd/mm/yyyy) | Male/Female | | | | | | | |
| Address | | | | | | | | | |
| Other Contact Details | Phone (Hm.): Mobile: Email: | | | | | | | | |
| Parent/Guardian | | | | | | | | | |
| Address (If different from above) | | | | | | | | | |
| Other Contact Details (If different from above) | Phone (Hm.): Mobile: Email: | | | | | | | | |

ATHLETE'S NAME:

This page to be completed by the end athlete and athlete's representative

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, the second part should also be signed by the athlete's parent or legal guardian.

ATHLETE DECLARATION (All Athletes must complete, by ✓ each box and signing below)

By signing this declaration I am saying that:

- a) I understand the eligibility criteria to compete as an athlete with intellectual impairment.
- b) I give PNZ permission to use information in accordance with the 1988 Data Protection Act
- c) I give PNZ permission to use this information to decide whether I am a person with intellectual impairment for eligibility and sports classification and to share this information with relevant organisations including, but not limited to, National Sport Organisations.
- 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 the athlete named above is less than 18 years or without legal capacity to sign on their own behalf. I understand the above declarations and have the legal right to sign on behalf of this person.

Signature + print name

(Date)

Relationship to Athlete

ATHLETE'S NAME:

PART 2: ELIGIBILITY

This page is to be completed by a Professional/Expert in the area of intellectual impairment

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

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 entire developmental period, which is from conception to 18 years of age

| Yes | No |
|-----|----|
| | |
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PROFESSIONAL ENDORSEMENT

| | |
|-----------------------------|---|
| Name | _____ |
| | (Last Name or Family Name) (First Name or Given Name) |
| Signature | |
| Professional Qualifications | Registration Number _____ |
| Date | |
| Contact Details | |

ATHLETE'S NAME:

DIAGNOSTIC EVIDENCE ATTACHED:

(List)

IQ and Adaptive Behaviour Test (if available)

Other evidence of intellectual functioning and/or adaptive behaviour.

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EVIDENCE OF SUPPORTS & SERVICES

Which of the following items apply to the person for whom you are completing this form?
Please attach all supporting documentation available.

- Child disability allowance financial support.
- Special educational support at school.
- Transition agency support for leaving school.
- Disability related living allowance support.
- Disability related accommodation support.
- Disability related employment support.
- Special legal protection by guardian.
- Respite care related to disability.
- Other disability related support

| Yes | No | Documents Attached |
|-----|----|--------------------|
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ATHLETE'S NAME:

PART 3: ORGANISATIONAL ENDORSEMENT

This page to be completed by Classification Personnel

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|--|--|
| National Eligibility Officer Signature Printed Name | Athlete Name National / Provisional Sports Class Status Date |
|--|--|

| | |
|--|----------------------|
| PNZ Classification Manager Signature Printed Name | Date |
|--|----------------------|

**Please send forms back to:
Classification Manager
Paralympics New Zealand
Suite 2.10, Axis Building, 1 Cleveland Road, Parnell
Auckland 1052
Or email
classification@paralympics.org.nz**