



## CLASSIFICATION APPLICATION FORM

<b>Country</b>		<b>Sport</b>
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<b>Athlete's Name</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 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.



**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)	
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**NATIONAL ELIGIBILITY OFFICER ENDORSEMENT**

Name	<div style="display: flex; justify-content: space-around;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Last Name or Family Name)</span> <span>(First Name or Given Name)</span> </div>
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**

<b>President or Secretary General</b>		<b>Seal</b>
..... <b>Signature</b>	..... <b>Position</b>	
..... <b>Printed Name</b>	..... <b>Date</b>	

### 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>	
TSAL	<ul style="list-style-type: none"> <li>TSAL has been completed online (preferred) OR</li> <li>TSAL has been completed and enclosed</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>INAS FID Member Organisation or NPC Official</li> </ul>	

**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.**