National Eligibility Application FOR

Para Athletes with

INTELLECTUAL IMPAIRMENT

(February 2022)

(AUG. 2014)

xxx---------------------------------------------------------Do not staple or bind applications or reports-----------------------------------------------------xxx



Part 1: AThlete Registration

**This page to be completed by the athlete’s representative**

|  |  |  |
| --- | --- | --- |
| Attach/insert 1 passport-size photo here**(Please write the athletes name on the back)** | **Athlete Surname** |  |
| **Athlete First Name** |  |
| **Region** |  |
|  | **Sport(s) in which the athlete will compete** | **Athletics** ❒**Swimming** ❒**Table Tennis** ❒ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Birth** | **\_\_\_\_\_/\_\_\_/\_\_\_\_\_\_**(dd/mm/yyyy) | **Male/Female** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Other Contact Details** | **Phone (Hm.):****Mobile:****Email:** |
| **Parent/Guardian** |  |
| **Contact Details (If different from above)** | **Address:****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:

|  |  |
| --- | --- |
| 1. I understand the eligibility criteria to compete as an athlete with intellectual impairment.
 | ❒ |
|  |  |
| 1. I give PNZ permission to use information in accordance with the 1988 Data Protection Act
 | ❒ |
|  |  |
| 1. 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.
 | ❒ |
| 1. As far as I know, all the information in my application is true and accurate.
 | ❒ |
| 1. 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 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)

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 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  |  |  |

**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 eevidence of intellectual functioning and/or adaptive behaviour. |  |

**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.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Documents Attached |
| Child disability allowance financial support. |  |  |   |
| Special educational support at school (ORS). |  |  |  |
| 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 |  |  |  |

**ATHLETE’S NAME:**

Part 3: Organisational endorsement

**This page to be completed by Classification Personnel**

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

|  |  |
| --- | --- |
| **PNZ Classification Manager****………………………………..****Signature****………………………………..****Printed Name** | **……………………………….****Date** |

Part 3:

**Please email forms back to:**

**Classification Manager**

**classification@paralympics.org.nz**

**+64 21 746727**

**Paralympics New Zealand**

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