



**NATIONAL ELIGIBILITY APPLICATION FORM
ATHLETES WITH INTELLECTUAL IMPAIRMENT OR AUTISM
[FOR USE BY ATHLETICS NZ, SWIMMING NZ AND TABLE TENNIS NZ]**

PART 1: ATHLETE REGISTRATION

This page to be completed by the athlete's representative.

| | | | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|
| Athlete First Name | | | |
| Athlete Surname | | | |
| Date of Birth | <div><div>/</div><div>/</div><div></div></div> <div>(dd/mm/yyyy)</div> | Gender | |
| Address | | | |
| Contact Details | Phone: Email: | | |
| Parent/Guardian | | | |
| Address & Contact Details (If different from above) | | | |
| Eligibility Group (Tick for consideration) | <input type="checkbox"/> Intellectual Impairment (Virtus + Para sport) <input type="checkbox"/> Intellectual Impairment with additional impairment (Virtus) <input type="checkbox"/> Autism (Virtus) | | |
| Sports the athlete will compete in: | <div>1</div> <div>2</div> <div>3</div> | | |

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 ticking 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 or autism ☐
- b) I give PNZ permission to use information in accordance with the Privacy Act 2020 ☐
- c) I give PNZ permission to use this information to determine whether I am a person with intellectual impairment or autism 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

PART 2: ELIGIBILITY

This page must be completed by a Medical Expert (Doctor/Psychologist/Paediatrician)

In my capacity as a medical expert, I can certify that the above-mentioned athlete meets one or more of the following criteria:

| Criteria | Yes | No |
|----------------------------------------------------------------------------------------------------------------|-----|----|
| Significant impairment in intellectual functioning | | |
| Significant limitation in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills | | |
| Significant impairment in intellectual functioning AND significant additional functional impairment | | |
| Intellectual disability evident during the developmental period, which is from conception to 22 years of age | | |
| Evidence of Autism | | |

EVIDENCE TO SUPPORT DIAGNOSIS

Please tick the items that support the diagnosis of this athlete and **attach** the relevant supporting documentation.

| Item | Yes | No | Documents Attached (Y/N) |
|----------------------------------------------------------------------------|-----|----|--------------------------|
| IQ and Adaptive Behaviour Test | | | |
| Other evidence of intellectual functioning or adaptive behaviour | | | |
| Evidence of Autism | | | |
| Evidence of significant additional functional impairment | | | |
| Evidence of NO atlantoaxial instability (athletes with Down Syndrome only) | | | |
| Special educational support at school | | | |
| Evidence of ORS whilst at school | | | |
| Child Disability Allowance | | | |
| Disability Allowance | | | |
| Disability supported living allowance | | | |
| Disability related employment support | | | |
| Other disability related support | | | |

PROFESSIONAL ENDORSEMENT

| | |
|------------------------------------|--|
| Full Name | |
| Professional Qualifications | |
| Registration Number | |
| Contact Details | |
| Signature | |
| Date | |

PART 3: NATIONAL ELIGIBILITY OFFICER (NEO)

This page is to be completed by the NEO

| | |
|--------------------------------------------------|--|
| Athlete Name | |
| National/ Provisional Sports Class Status | |
| Full Name | |
| Signature | |
| Date | |

For Para athletics Classification please email this form and supporting evidence back to:

Athletics New Zealand Classification
rebecca@athletics.org.nz
+64 21 0223 7776

For other Para sports please email forms back to:
Paralympics New Zealand
classification@paralympics.org.nz