



NATIONAL ELIGIBILITY APPLICATION ATHLETES WITH INTELLECTUAL IMPAIRMENT OR AUTISM

VERSION: MAY 2023

PART 1: ATHLETE REGISTRATION

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

Athlete Surname	
Athlete First Name	

Date of Birth	<u> </u> / <u> </u> / <u> </u> (dd/mm/yyyy)	Male/Female	
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Address	
Other Contact Details	Phone Email:
Parent/Guardian	
Address (If different from above)	
Other Contact Details (If different from above)	Phone Email:
Eligibility Group (Tick what applies)	I1 <input type="checkbox"/> Intellectual Impairment (Para sport) I2 <input type="checkbox"/> Intellectual Impairment with additional impairment (Virtus) I3 <input type="checkbox"/> Autism (Virtus)
Sports the athlete will compete in:	1 2 3

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 or autism ☐
- b) I give PNZ permission to use information in accordance with the 2020 Privacy Act ☐
- 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

ATHLETE'S NAME:

PART 2: ELIGIBILITY

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

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), or a person with intellectual impairment and significant additional impairment, or Autism, (as defined by the DSMV). My statement is based on assessment results that show the athlete has: (please ✓ all that apply)

Significant impairment in intellectual functioning

Significant limitations 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

Diagnosis of Autism

Yes	No

EVIDENCE TO SUPPORT DIAGNOSIS

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

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

Yes	No	Documents Attached

ATHLETE'S NAME:

PROFESSIONAL ENDORSEMENT

Name	<div>_____</div> <div>(Last Name or Family Name) (First Name or Given Name)</div>
Signature	<div></div>
Professional Qualifications	<div>Registration Number _____</div>
Date	<div></div>
Contact Details	<div></div>

ATHLETE'S NAME:

**PART 3: NATIONAL ELIGIBILITY OFFICER
(NEO) ENDORSEMENT**

This page is to be completed by the NEO.

National Eligibility Officer Signature Printed Name Athlete Name National / Provisional Sports Class Status Date
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**For Para athletics Classification please email forms back to:
Classification Coordinator Athletics New Zealand
rebecca@athletics.org.nz
+64 21 0223 7776**

For other Para sports please email forms back to:
Classification Manager
classification@paralympics.org.nz
+64 21 746727

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