

# National Classification Review Request Form



Classification Review Request applies to the following situations where a change in an athlete's condition changes their impairment profile:

- athletes receive medical interventions
- athletes condition changes progressive/fluctuating
- athlete's skeletal maturity (growth) changes

The athlete's impairment and function must have changed since last classification, to an extent that the athlete most likely does not fit his/her current Sport Class Profile anymore. In all cases, the change in condition must be supported by a medical report that contains objective evidence of change in impairment.

Classification Review requests only apply athletes with a Confirmed Status or Review with Fixed Year Review Date.

Examples of interventions include:

- Change of amputation level
- Change in spasticity eg Botox injections, medication;
- Change in joint range of movement eg tendon releases, Harrington rods or joint fixations to assist posture/stability;
- Corrective eye surgery in case of athletes with vision impairment

Following the change in condition the athlete is responsible for informing his/her Sport. Failure to correctly notify the Sport within the timeframe indicated may be considered a case of intentional misrepresentation (see IPC Classification Code, section 11).

The Review Request should be received by APC within 6 months of the intervention. Athletes should allow 3 months for the review request to be processed.

If the Review Request is accepted, the athlete's sport class status will be changed to Review status with immediate effect that will mean the athlete can undergo Classification at the next available opportunity. Any re-classifications do not guarantee that the sports class of the athlete will change. A Sport Class will be allocated on the basis of the athlete's evaluation in accordance with the Sport's Classification Rules and Regulations.

## Submission details

It is the responsibility of the athlete to complete this form and submit it to the Sport the athlete competes in via [classification@paralympic.org.au](mailto:classification@paralympic.org.au).

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This Classification Review Request is addressed to \_\_\_\_\_ (name of Sport)

### Athlete Details

|                       |  |              |   |
|-----------------------|--|--------------|---|
| Athlete Name          |  |              |   |
| Date of Birth         |  | Gender:      | M <input type="checkbox"/> F <input type="checkbox"/> |
| Phone No:             |  | Mob No:      |   |
| Email:                |  |              |   |
| Current Sport Class   |  | Class Status |   |
| Disability/Diagnosis: |  |              |   |

### Next scheduled competition

|                  |  |      |  |
|------------------|--|------|--|
| Competition Name |  |      |  |
| Location         |  | Date |  |
| Event Contact    |  |      |  |

### Reason for request

|        |   |
|--------|---|
| Reason | <input type="checkbox"/> Medical intervention: _____<br><input type="checkbox"/> Change in condition eg growth/deterioration/fluctuation<br>_____ |
|--------|---|

The following details may be filled by the medical practitioner or by way of report:

### For Medical Interventions

|  |  |
|--|--|
| Date of the intervention:                      |  |
| Description of intervention:                   |  |
| Reason for intervention and expected outcomes: |  |

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## In the case of Progressive impairments

|                                     |  |
|-------------------------------------|--|
| Date of onset:                      |  |
| Description of decline in function: |  |

## In the case of skeletal maturity

|                                 |  |
|---------------------------------|--|
| Description of change in growth |  |
|---------------------------------|--|

## Medical Personnel Authorisation (must be provided)

|                                 |  |
|---------------------------------|--|
| Medical personnel authorisation | Name:<br>Qualifications:<br><br>Contact details: |
|---------------------------------|--|

## Athlete Verification

By signing this application you acknowledge the requirements of this application and endorse that the information you have provided is true and correct. You consent for the information provided to be submitted to a panel of classifiers for review.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian where athlete is under 18 years)

Please tick if further medical documentation is attached