



AUSTRALIAN  
PARALYMPIC  
COMMITTEE

# Classification

## National Provisional Classification Application Athletes with a Vision Impairment

### What is Classification?

Classification is an assessment process, groups athletes whose impairment causes similar limitations in a particular sport in order to allow for fair competition. Classification is not required for general participation in sport.

### What is Provisional National classification?

This process allows athletes who do not have access to a VI classification panel, to gain an indication of their classification.

- The provisional classification must be given by a authorised APC VI classifier, in line with International classification rules for the sport.
- All provisional classifications provide an indication of a sport specific classification. Athletes are expected to attend face to face national level classification within 12 months following their provisional classification.
- An athlete may generally participate in school sport and regional or state competition with a provisional classification.
- To compete at national championships level or gain national team selection, athletes require a National classification.

### What if I do not agree with my provisional classification?

If you disagree with a provisional classification you should present for a face to face classification assessment. Provisional classification, while endeavouring to be an accurate indication of class, is a general guide only and may change upon face to face assessment by a full classification panel.

### Steps to Completing the Provisional process

#### 1. Complete SECTION 1: Athlete Details and Informed Consent

The athlete (or parent guardian if under 18 year of age) completes the athlete details and agrees to the terms in the consent form in Section 1 attached.

#### 2. Complete SECTION 2: Medical Screening

Athletes are to make an appointment with an Ophthalmologist to fill in the attached form in section 2 and conduct the appropriate testing. This must be submitted along with Section 1 to the APC. Athletes may require further evidence of their diagnosis through VEP, ERG or OCT tests.

#### 3. Athlete to return submission (SECTIONS 1 & 2) to:

Australian Paralympic Committee - Classification Services  
PO Box 596  
Sydney Markets NSW 2129  
[classification@paralympic.org.au](mailto:classification@paralympic.org.au)

When the APC has received all the required documentation, it will be reviewed by a classifier. The classification result will be sent via email. Please allow at least 2 months for this process to be completed.

#### Contact:

If you have any questions on this process please contact APC Classification Services on 08 8415 6803 or [classification@paralympic.org.au](mailto:classification@paralympic.org.au)



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### SECTION 1: Athlete Details and Informed Consent

Athlete to complete. To be completed by parent/guardian where athlete under 18 years

Athlete Personal Details		
Surname:	First Name:	
Address:		
Suburb:	State:	Postcode:
Phone (h)	Phone (mob):	
E-mail:		
Date of Birth: ___/___/_____		

Classification Results (to be completed by authorised APC VI classifier)						
Sport	<input type="checkbox"/> Athletics <input type="checkbox"/> Swimming	<input type="checkbox"/> Goalball <input type="checkbox"/> Cycling <input type="checkbox"/> Alpine	<input type="checkbox"/> Triathlon	<input type="checkbox"/> Rowing	<input type="checkbox"/> Judo <input type="checkbox"/> Football (5-a-side)	<input type="checkbox"/> Equestrian#
Class	<input type="checkbox"/> 11 (B1) <input type="checkbox"/> 12 (B2)* <input type="checkbox"/> 13 (B3)	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	<input type="checkbox"/> PT - VI (B1-B3)	<input type="checkbox"/> LTA-VI (B1-3)	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	<input type="checkbox"/> Grd IV (B1) <input type="checkbox"/> Grd V (B2)
	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible
Level	Provisional					
Status	Review					
Valid until (1 year)						
Classifier Name(s)						
Classifier Signature						

### Comments:

**Equestrian only: #** B3 athletes are not eligible for equestrian

**Swimming only:** Swimmers who are allocated class 11 must use a taper. Please note **T** in comments section. Swimmers who are allocated class 12 can elect to use a taper. Please check athlete's preference and note **T** in comments section.

### Office Use Only

- Consent Form signed
- Athlete verbally informed of class and status on \_\_\_/\_\_\_/\_\_\_\_\_
- Athlete provided with copy of this result sheet on \_\_\_/\_\_\_/\_\_\_\_\_
- Entered on VI Masterlist on \_\_\_/\_\_\_/\_\_\_\_\_
- Copy provided to (NF name/s) \_\_\_\_\_  
on \_\_\_/\_\_\_/\_\_\_\_\_



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### SECTION 1 (cont'd): Athlete Details and Consent (Athlete to complete).

I \_\_\_\_\_ (print full athlete name):

Understand that:

- Classification is a process that requires me to answer a series of questions about my disability and training; complete activities and sport skills; and may require me to be observed during competition.
- Should I not be able to complete the classification fully due to pain, injury or other reason, my classification may not be able to be completed.
- Classifiers may require medical documentation to complete my classification. I understand that my classification may not be able to be completed until all documentation is provided.
- A provisional classification is superseded by a national level classification.
- National classification is for the purposes of Australian domestic competition only. International competition requires an International classification and any classification changes supersede any national classification. I may be required to provide new and/or additional medical documentation should I progress to international level.

Agree:

- To answer all questions fully, truthfully and to the best of my knowledge.
- To attempt all activities to the best of my abilities and that failure to give my best effort may be considered cheating. I understand this may result in termination of the classification process.
- To obtain and provide relevant medical documentation as required by classifiers to support my classification.

Am aware that as an outcome to my classification being completed:

- My classification data will be stored in a confidential database.
- Relevant information about my classification and supporting medical documentation may be shared with classifiers, consultants and relevant APC and National Federation personnel as required for my involvement in sport.
- My name, state, date of birth, class and status will be made available on the Australian Paralympic Committee and National Federation website.

I understand that, as an athlete, I have the following rights during classification:

#### **The right to withdraw**

My participation in the classification process is voluntary and I have the right to withdraw from the classification process at any time. Signing this form does not change my right to withdraw at any time. I understand that if I withdraw from the classification process I will not be able to be classified and will not be able to compete in Para-sport competitions.

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### The right to respect and confidentiality

Evaluations will be conducted respectfully and information obtained during the classification process will be treated confidentially  
Athletes may also refer to the APC data protection policy.

### The right to challenge a classification decision or process

This should be done through the appropriate channels.

Athletes may also refer to APC Classification Policy and APC Standards for Athlete Evaluation and Protests & Appeals for further information on athlete rights and responsibilities.

I allow my data collected during the classification process to be used for research and educational purposes by my sport. I understand that I may withdraw this consent at any time.

Athlete Name: \_\_\_\_\_ Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete Signature: \_\_\_\_\_

### Where athlete is under 18 years:

Parent/Guardian Name: \_\_\_\_\_ Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_







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Surname:		First Name:	
<b>Clinical Examination</b>			
Visual acuity without correction			
RIGHT_____		LEFT_____	
Visual acuity with correction			
RIGHT_____		LEFT_____	
<p><b>All acuity measures are with best possible correction (glasses or contact lenses)</b> whether these are worn by the athlete during competition or not).</p> <p>Visual acuity must be measured no less than five times at different distances and using tests of varying sizes. The acuity chart must be placed at a distance of between one and six metres from the athlete.</p> <p>Acuity should be measured by one of the following:          E.T.D.R.S (Light House, New York)          THE Berkeley Rudimentary Vision Chart          The Chronister Pocket Acuity Chart          The Feinbloom Distance Test Chart (Designs for Vision inc., Ronkonkoma, NY)          Snellen acuity test can be used where these are not available</p>			
Refraction			
RIGHT_____		LEFT_____	
Type of correction:			
Measurement method:			
<p>Refraction should be measured by an Autorefractor and a box of glasses with trial frame. It may seem insignificant to change this refraction for a visually impaired person in view of apparently minor functional changes, but even a minor change may alter the athlete's classification.</p>			
Visual field: Diameter, in degrees (if applicable)			
RIGHT_____		LEFT_____	
<p><b>Visual field test results should be attached-</b> testing required in 120 degrees, 30 degrees, 24 degrees and 10 degrees.</p>			
<p>Visual Field is to be tested by full-field strategy by means of any of the following devices:          - Humphrey Field Analyzer, Twinfield (Oculus), Octopus (interzeag), Rodenstock Peristat, Medmont (MAP), Goldmann Perimetry Intensity III/4          -30° central field test is not accepted</p>			
<b>Medical Practitioner Declaration</b>			
Name:			
Qualifications:			
Business address:			
Suburb:		State:	Postcode:
Phone (w):			
<input type="checkbox"/> I certify that the above-mentioned information is medically appropriate <input type="checkbox"/> I certify that there is no contra-indication for this individual to compete at competitive level in preferred sport.			
Signature of Medical Practitioner:			Date:

Any questions should be directed to Classification Services  
08 8415 6803 or [classification@paralympic.org.au](mailto:classification@paralympic.org.au)