



Provisional Classification Application

Athletes with a Vision Impairment

What is Classification?

Classification is an assessment process, grouping 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 Classification?

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

- The provisional classification outcome must be given by an authorised Paralympics Australia VI classifier, in line with the International classification rules for the sport.
- All provisional classifications provide an indication of a sport specific classification.
- Athletes are encouraged to attend face to face national level classification at their earliest opportunity 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 (National) 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.

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 Assessment

Athletes are to make an appointment with an ophthalmologist / optometrist / orthoptist to fill in the attached form in section 2 and conduct the appropriate testing. This must be submitted along with Section 1 to Paralympics Australia (PA). Athletes may require further evidence of diagnosis through VEP, ERG or OCT tests.

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

Regular Mail: Paralympics Australia - Classification Services
PO Box 596

OR Sydney Markets NSW 2129

Email: classification@paralympic.org.au

Once Paralympics Australia have received all the required documentation, it will be reviewed by an authorised PA VI classifier, and the classification result will be sent via email. Please allow at least 2 months for this process to be completed.

Any questions should be directed to Classification Services at Paralympics Australia

Email: classification@paralympic.org.au

Phone: +61 2 9704 0500

Website: www.paralympic.org.au

SECTION 1: Athlete Details and Informed Consent (Athlete to complete)
To be completed by parent/guardian where athlete is under 18 years of age

Athlete Personal Details		
Surname:	First Name:	
Address:		
Suburb:	State:	Postcode:
Phone (h)	Phone (m):	
Date of Birth: __ / __ / ____	Email:	

Classification Results (to be completed by authorised PA VI classifier)							
Sport	<input type="checkbox"/> Athletics <input type="checkbox"/> Swimming	<input type="checkbox"/> Goalball <input type="checkbox"/> Cycling <input type="checkbox"/> Alpine / Nordic	<input type="checkbox"/> Triathlon	<input type="checkbox"/> Rowing	<input type="checkbox"/> Judo <input type="checkbox"/> Football (5-a-side) <input type="checkbox"/> Taekwondo <input type="checkbox"/> Archery	<input type="checkbox"/> Equestrian #	<input type="checkbox"/> Shooting
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"/> PTVI (B1-B3)	<input type="checkbox"/> PR3 (B1-B3)	<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"/> SH-VI
	<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	<input type="checkbox"/> Not Eligible
Level	Provisional						
Status	Review						
	Provided medical documentation:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Classifier Name							
Classifier Signature							
Comment							

Equestrian only: # B3 athletes are not eligible for equestrian

Swimming only: Swimmers allocated class 11 must use a tapper. Please note **T** in comments section for all swimmers (11, 12 & 13).

Athletics only: * B3 athletes in athletics are not eligible to use a guide.

Office Use Only
<input type="checkbox"/> Consent Form signed
<input type="checkbox"/> Athlete verbally informed of class and status on ___/___/____
<input type="checkbox"/> Athlete provided with copy of this result sheet on ___/___/____
<input type="checkbox"/> Entered on VI Masterlist on ___/___/____
<input type="checkbox"/> Copy provided to (NSO name/s) _____ on ___/___/____

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

I _____ (print full name of athlete) understand that:

- Provisional Classification is a process that requires me to answer a series of questions about my impairment and training
- Classification requires me to give my best effort at all times
- 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 require sufficient medical documentation to complete my classification
- Provisional classification is for the purposes of Australian domestic competition only

I agree to:

- Answer all questions fully, truthfully and to the best of my knowledge
- Attempt all activities to the best of my abilities and that any intentional misrepresentation of skills, abilities and/or the nature and/or degree of impairment may result in termination of the classification process and/or disciplinary action

I agree and consent to:

- My personal and classification data being processed and stored in any format by Paralympics Australia and my nominated sport/s national sporting organisation (NSO)
- My classification being completed including:
 - o My classification data including supporting documentation will be stored in a confidential database
 - o Relevant information about my classification may be shared with third parties for the purposes of classification only (including but not limited to classifiers, PA, NSO Classification personnel, and International Federation classification personnel)
 - o My name, state, year of birth, class and status will be made publicly available on the Masterlist/s of my nominated sport/s and Paralympics Australia websites.

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.

The right to respect and confidentiality

Evaluations will be conducted respectfully, and information obtained during the classification process will be treated confidentially.

The right to access my personal and classification data

I have the right to access and correct my Personal and Classification Data that PA and my nominated sport/s hold under data protection law by contacting PA or the relevant NSO. I have the right to request a copy of the classification data held by PA / NSO.

The right to challenge a classification decision or process

Any dispute, such as protest or appeal, should be done through the appropriate channels in line with the classification rules.

- I allow my data and any video recordings 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: _____

SECTION 2: MEDICAL ASSESSMENT

This form must be completed by a registered ophthalmologist /optometrist /orthoptist. This information is used to assist in determining the athlete's classification in accordance with the respective International sports classification rules.

PLEASE FILL OUT THIS FORM IN CAPITAL LETTERS OR TYPING

Athlete Personal Details	
Surname:	First Name:

Medical Information	
Diagnosis:	
Age of Onset:	
Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. This may include the results and sample recordings of the following where they are needed to establish and confirm a diagnosis: <ul style="list-style-type: none">- Pattern Visual Evoked Potentials (VEP)- Electroretinography (ERG) / Electro-oculography- Cerebral MRI- Optical Coherence Tomography (OCT)	
Please specify which eye condition the athlete is affected by: <ul style="list-style-type: none"><input type="checkbox"/> Anterior Disease<input type="checkbox"/> Macular Disease<input type="checkbox"/> Peripheral Retina Disease<input type="checkbox"/> Optic Nerve Disease<input type="checkbox"/> Cortical / Neurological disease	
Medical history:	
Anticipated future procedure(s):	
Eye medication/s:	Allergies:

Optical Aids used in competition:

Glasses

Contact lenses

Sunglasses

Prescription Goggles

Prosthetic Eyes

Correction:

RIGHT _____ LEFT _____

Clinical Examination

Surname:

First Name:

Visual Acuity Testing

Visual acuity without correction

RIGHT _____ LEFT _____

Visual acuity with correction

RIGHT _____ LEFT _____

All acuity measures are with best possible correction (glasses or contact lenses) whether they are used during competition or not.

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 between one and six metres from the athlete.

NB – please provide the SNELLEN acuity results above

Refraction

RIGHT _____ LEFT _____

Type of correction:

Measurement method:

Refraction should be measured by an Autorefractor and the result placed in a trial frame to test the vision. 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 an athlete's classification.

Visual Field Testing

Visual field: Diameter, in degrees (if applicable)

RIGHT _____ LEFT _____

Visual field test results should be attached – depending on the level Visual Field Impairment, testing should best demonstrate the limitation of the athletes field. Testing protocol should be selected based on the largest field the athlete can demonstrate. Field testing is required in 120, 30, 24 OR 10 degrees.

Visual Field is to be tested by **full-field strategy** by means of any of the following devices:

- Humphrey Field Analyzer
- Octopus (interzeag)
- Medmont (MAP)
- Goldmann Perimetry Intensity III/4

NB - *** 30° central field test is NOT accepted ***
(Humphrey Matrix is NOT eligible as Visual Field deficit evidence in all conditions/impairments; larger fields may be necessary)

Contrast Sensitivity Testing (applicable to VI Shooting ONLY)

Contrast Sensitivity with correction

RIGHT _____ LEFT _____

Contrast Sensitivity is to be tested by means of the following device:

- MARS Perceptrix (numerical) chart

NB – test should be completed 30cm from eyes with appropriate correction for distance

Medical Practitioner Declaration

Name:

Qualifications:

Business address:

Suburb:

State:

Post Code:

Phone (w):

- I certify that the above-mentioned information is medically appropriate
 I certify that there is no contra-indication for this individual to compete at competitive level in preferred sport.

Medical Practitioner
Signature:

Date: / /