

EQUESTRIAN AUSTRALIA CLASSIFICATION REQUEST FORM

Who can request EA Classification?

An athlete with disability can lodge a request to undergo a Classification Evaluation for the competing in EA Para Equestrian competition.

Eligibility Requirements

All Athletes with a disability who intend to be classified must produce an EA Medical Diagnostic Form stating their full medical diagnosis. Each Athlete must have an **Eligible Impairment** that leads to permanent and verifiable activity limitation which can be measured objectively through the classification process. Those Athletes with a minimal impairment must meet the Para-Equestrian **Minimal Impairment Criteria** to compete in Para-Equestrian Events. Eligible impairments include:

Hypertonia; ataxia; athetosis; impaired passive range of movement; impaired muscle power; limb deficiency; leg length difference; short stature; vision impairment.

The Classification Process

All Athletes with impairment who intend to enter EA Para-Equestrian competitions must proceed through the Classification procedure as below:

Step 1.	Athlete applies to EA requesting a Classification evaluation for PE Competition. The application <u>must</u> include: <ul style="list-style-type: none"> • The EA Classification Request Form • Completed and signed EA Consent for Classification • A completed EA Medical Diagnostic Form and any additional supporting medical documentation All documentation provided must be legible
Step 2.	All documentation is forwarded by EA to determine if the athlete meets the Eligibility Criteria described above. Please return to: sam.bolton@equestrian.org.au
Step 3.	EA will make a decision a, b, or c. <ol style="list-style-type: none"> a. Request further information from the athlete in regard to the diagnosis and impairment. This request may include additional medical documentation such as reports or copies of medical investigations. EA will then make a decision as per b) or c). b. Approve the request (Eligible for Classification) c. Not approve the request (Not Eligible for Classification)
Step 4.	EA will inform the Athlete of the final decision in writing and if the Request for Classification has not been approved the reason.
Step 5.	EA will then notify the Athlete of the next opportunity planned for their State.
Step 6.	Athlete attends Classification and undergoes evaluation by a Classification Panel and has the right to have another member of EA present.
Step 7.	The Athlete's classification is sent to EA for approval. If the athlete is found eligible, they will be added to the EA Masterlist.

If documents are not received within a reasonable time frame prior to a scheduled classification opportunity, that is **six weeks prior**, the athlete may not be approved to be classified.

EA Classification Request Form

Athlete Details - Please fill in electronically or print clearly using black pen.

Last name:			
First name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
State:		Post code:	
Email address:		Mobile:	
Briefly describe your riding and/or competition experience			

Person submitting EA Classification Request Form on behalf of the athlete:

Name:			
Relationship to athlete:			
E-Mail:			
Signature:			
Date:			

Requests are to be submitted by the Athlete to Equestrian Australia for approval. Incomplete, not legible or incorrect forms may not be accepted and therefore can delay approval for the athlete. Before sending this form to EA please ensure the following is attached:

- EA Classification Request Form completed**
- EA Consent for Classification** (use the current form available on EA website) completed and signed (by the athlete)
- EA Medical Diagnostic Form** (use the current form available on EA website) completed and signed (by the athlete and the medical doctor) and any addition supporting medical documentation included

EA Office use only: Next possible scheduled classification opportunity:

Location & State:		Date:	
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CONSENT FOR CLASSIFICATION

1. I agree to undergo the Athlete Evaluation process detailed in the FEI Para-Equestrian Classification Rules and Regulations and administered by a designated EA Classification Panel. I understand that this process may require me to participate in sport-like exercises and activities which may include me being observed whilst competing/riding. I understand that there is a risk of injury in participating in exercises and activities. I confirm that that I am healthy enough to participate in Athlete Evaluation. I understand I may be required to undergo Athlete Evaluation on more than one occasion.
2. I understand that I must comply with the requests made by the Classification Panel. This includes providing sufficient documentation so as to allow a Classification Panel to determine whether I comply with the eligibility requirements for EA. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Grade (Sport Class) being allocated to me and therefore I will not be allowed to compete at EA Competitions until a Grade is allocated to me.
3. I understand that Athlete Evaluation requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities and/or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action by EA.
4. I understand that Athlete Evaluation is a judgment process and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the Protest process as defined by EA in accordance with the FEI Classification Rules.
5. I agree to be videotaped and photographed during the Athlete Evaluation process, for the purpose of allocating a Grade, and that this may include my activity on and off the field of play during the Competition.
6. I agree and consent to EA maintaining and processing my personal classification data in any format, including my full name, country, date of birth, sport, Grade (Sport Class), Grade Status and relevant medical information. I agree and consent to my name, country and Grade (Sport Class) and Grade Status being published by EA and shared with third parties such as Competition Organising Committees.
7. I agree to EA providing details of my Athlete Evaluation to Paralympics Australia or the FEI if requested.
8. I understand that EA may use deidentified classification data to assist in developing the Classification system
9. I understand that if EA wishes to use my personal classification information for a specific purpose such as educational or promotional activities, my consent will be sought beforehand and that I may withdraw this consent at any time.

Please complete in black ink:

Name:		Date of Birth:	
Have you ever applied for EA Classification before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?		Date:	
Was a grade allocated?	<input type="checkbox"/> No <input type="checkbox"/> Yes	What Grade?	
Signature of Athlete/Guardian/Person Responsible:			
Print Name:		Date:	

MEDICAL DIAGNOSTIC FORM FOR EA PARA-EQUESTRIAN CLASSIFICATION

The person named below is required to undergo Para-Equestrian Classification to compete at National level of their chosen sport. During the classification process the approved Classifier (physiotherapist or medical doctor) will assess their physical Impairment as relevant to the requirements for riding or driving a horse. Each Athlete must have an Eligible Impairment that leads to permanent and verifiable activity limitation which can be measured objectively through the classification process.

Relevant and appropriate medical documentation is essential to the process of Classification of Athletes for International Para-Equestrian Competition. Confirmation of the medical diagnosis and a summary of results of relevant medical investigations to support the diagnosis and resulting impairment/s is required. In some instances, a copy of a report or additional diagnostic evidence from a medical specialist e.g. neurologist, is also required.

Information disclosed on this form will be stored confidentially by EA in accordance with the FEI Classification Rules.

Please fill in electronically or print clearly.

Athlete's Details

To be completed by the Athlete applying for classification

First Name:		Family Name:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth:			
Address:					
City:		State:		Postcode:	
Mobile No:		E-mail:			
I hereby consent to the information below being released to EA for Para-Equestrian Classification.					
Signature:				Date:	

MEDICAL DETAILS

This section MUST be completed by a Doctor of Medicine only

Please attach a separate sheet or report if insufficient space

Name of Applicant	
Medical Diagnosis (Health Condition/s):	

Medical Diagnostic Report and Physical Examination results (e.g. ASIA scale for spinal cord injury; X-ray report; MRI; CT; muscle biopsy; nerve conduction) Attach if possible.			
Primary impairment/s arising from the Medical Diagnosis (Health Condition):			
<input type="checkbox"/> Impaired muscle power	<input type="checkbox"/> Ataxia	<input type="checkbox"/> Leg length difference	
<input type="checkbox"/> Impaired passive range of motion	<input type="checkbox"/> Athetosis	<input type="checkbox"/> Limb deficiency/Loss	
<input type="checkbox"/> Short stature (height:____cm)	<input type="checkbox"/> Hypertonia		
Medical Condition is:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Stable	<input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating
Year of onset:_____ (yyyy)	<input type="checkbox"/> Congenital (birth)		
Other information concerning therapeutic or pharmaceutical interventions or surgeries (with date) relevant to their impairment:			
Presence of additional health conditions or diagnoses:			
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Pain	
<input type="checkbox"/> Intellectual Impairment	<input type="checkbox"/> Psychological diagnoses		
<input type="checkbox"/> Joint Hypermobility/Instability	<input type="checkbox"/> Other		

Doctors Name:			
Medical Speciality:			
Address:			
City:		State:	
Phone:		Email:	
I hereby confirm that the above information is accurate.			
Signature:		Date:	