ATHLETE ELIGIBILITY APPLICATION FORM
(V11 – JAN 2023)

ATHLETE DETAILS - To be completed by the athletes representative for all athletes

Attach passport-size photo here	Athletes **full Family/Last** as stated in passport:	
	Athletes **full First/Given Name** as stated in passport:	
	Nationality/Country:	GREAT BRITAIN (GBR)
	Date of Birth:	(dd/mm/yyyy)
	Legal Gender as stated in passport:	male / female

Eligibility Group: (tick all that apply	II1 - Intellectual Disability – INTERNATIONAL ☐ II2 - Significant Additional Impairment ☐ II3 – Autism ☐
Sport(s) in which the athlete will compete:	1 2 3

Athlete Address:			
Phone Number:	+ / Country code/number	Email Address:	

If the athlete is under 18 years of age, or without legal competency to sign:

Parent/Guardian Name:		Relationship:	
Parent/Guardian Address:			
Phone Number:	+ / Country code/number	Email Address:	
Athletes Social Media Pages			

ATHLETES NAME:

DECLARATIONS & PERMISSIONS - This page to be completed by the athletes representative

All athletes must sign or place their mark. If the athlete is under 18, or if the athlete is without legal competency to sign themselves, the second part should also be signed by the athletes parent or legal guardian. Virtus Member Organisations should attach any statement regarding privacy of information and/or other legal statements that may be required, giving regard to the Virtus Data and Information Handling policy.

ATHLETE DECLARATION (All athletes must complete, by ✓ each box and signing below)

By signing this declaration I am saying that

a) I understand and comply with the eligibility criteria to compete as an athlete with intellectual impairment. ❒

b) I confirm that I shall comply with all Virtus policies and procedures including, but not limited to all of the provisions of the Anti-Doping Policy, all amendments to the Anti-Doping Rules and all International Standards as issued by the World Anti-Doping Agency and permanently published on its website. I acknowledge that National Federations, Virtus and National Anti-Doping Organisations have jurisdiction to impose sanctions as provided in the Anti-Doping Rules. ❒

c) I give Virtus permission to hold information electronically and to use information in accordance with the Privacy Policy. I agree that in order to maintain the principles of fair eligibility and classification, Virtus may retain relevant and essential information indefinitely. ❒

d) I understand and agree to uphold the principles of the Virtus Code of Ethics and the spirit of fair play. ❒

e) I agree to Virtus using photographs and images of me for the purposes of publicity in print, electronic and other media, and can withdraw this consent at any time by writing to the Secretariat. ❒

f) I agree that data I have provided can be used for research purposes, as set out under the Virtus research code, and this data will not identify me individually and be managed under the Virtus Privacy Policy.

g) I give Virtus permission to use this information to decide whether I am a person with intellectual impairment for eligibility and sports classification and to share this information with relevant organisations including, but not limited to, the IPC and International Federations. ❒

h) I understand the risks associated with competition and that I am responsible for my actions at all times. ❒

i) As far as I know, all the information in my application is true and accurate. ❒

j) I understand what the information in this form is being used for or have had this explained to me. ❒

_____ _____

(Athletes Signature or identifying mark) (Date)

I wish to join the Virtus email list for newsletters ❒

PARENT OR LEGAL GUARDIAN (if the athlete is Under 18, or without legal capacity to give consent)

By signing this declaration I am saying that the athlete named above is under 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

I wish to join the Virtus email list for newsletters ❒

Confidentiality & Data Protection Statement
FOR GB ATHLETES ONLY

This box is to be used for privacy of information and/or other legal statements that may be required in some Virtus member nations. This is a requirement in the UK.

Confidentiality and Data Protection Statement

I understand that the information contained in this form and attachments will be circulated, shared, processed, and stored by Sport Excel UK (formerly known as the UK Sports Association for People with Learning Disability – UKSA), Sport Excel UK's National Eligibility Committee, Virtus and other relevant organisations to confirm my eligibility to compete as an athlete with intellectual impairment (II1, II2, or II3) throughout the world.

This will mean that my information will be stored both on a computer and on paper.

This information may be copied and circulated by Virtus to individuals and organisations outside of the UK and Europe but will be used and managed in accordance with Virtus Data Protection and Information Handling Policies. See www.virtus.sport

I understand that I can at any time withdraw my consent for this information about me to be stored, circulated, or managed in this way, by informing Sport Excel UK and Virtus in writing. I understand that if I did withdraw consent this may affect my ability to be classified or retain eligibility or classification already granted.

Signed: _____ Date: _____

ATHLETES SIGNATURE OR IDENTIFYING MARK (All athletes to sign)

An athletes Parent or ***Legal*** Guardian should sign if the athlete is under 18, or if the athlete is over 18 but without legal capacity to give consent.

Parent/Legal Guardian: _____ Date: _____

SIGNATURE (ALSO PRINT BELOW)

Print Name & state relationship to athlete _____

☐ I wish to subscribe to the Sport Excel UK's e-newsletter and receive regular updates. Please tick if you wish to subscribe.

ATHLETES NAME:

This page to be completed by Sport Excel UK only

NEO Endorsement - This page to be completed by the National Eligibility Officer

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. My statement is based on assessment results that show the athlete has: (please ✓ all that apply)

II1 - INTELLECTUAL DISABILITY			
Significant impairment in intellectual functioning (see guidelines for criteria)		Yes ☐	No ☐
Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills (see guidelines for eligibility criteria)		Yes ☐	No ☐
Intellectual disability evident during the developmental period, which is from conception to 22 years of age		Yes ☐	No ☐
Name/Method of IQ assessment:		Full Scale IQ score:	
Name/Method of Adaptive Behaviour assessment used:		Adaptive Score: (if available)	

II2 - SIGNIFICANT ADDITIONAL IMPAIRMENT

Athletes with Trisomy/Translocation Down Syndrome:

↓

Blood cytogenetic test showing Trisomy/ Translocation diagnosis attached ☐
AAI (page 5) & neck x-ray attached ☐

All other athletes:

↓

FAST assessment attached ☐
FAST score _____
Medical evidence attached ☐
Performance data attached ☐

II3 – AUTISM			
Athlete has a formal diagnosis of autism		Yes ☐	No ☐
Name/Method of assessment used:	Score:		

NATIONAL ELIGIBILITY OFFICER (NEO) ENDORSEMENT (Sport Excel UK NEO only)

Name	_____ (Last Name or Family Name) (First Name or Given Name)
Email Address	
Signature	
Date	

ATHLETES NAME:

ORGANISATIONAL ENDORSEMENT - This page to be completed by the National Member Organisation

This page to be completed by Sport Excel UK only

I have read the preceding information. The information provided is complete and accurate to the best of my knowledge and I know of no reason why the athlete should not be considered for inclusion in the Master List.		
Name of National Member Organisation Sport Excel UK		
President or Secretary General ..... Signature ..... Printed Name	..... Position ..... Date	Seal

ATTACHMENTS/CHECKLIST

Form and all attachments	• Completed in English (unless specified otherwise)	
Evidence	• Evidence of II1/2/3 attached including assessment reports, supporting medical evidence and FAST assessment where needed	
Athletes with Down Syndrome	• Appendix 1 (AAI declaration) completed • Neck x-ray attached . Other evidence attached (see guidance notes)	
TSAL	• TSAL has been completed at www.virtus.sport • (State date/time submitted _____) Name of Coach:	
Additional Attachments	• 1 photo • Copy of Passport or photo-identification	
Endorsements	• National Eligibility Officer • National Member Organisation	

In order to avoid delays, please check carefully to ensure that all parts of the form have been completed, and all necessary evidence has been attached.

Please include a completed Sport Excel UK checklist with your application

APPENDIX 1 - ATLANTOAXIAL INSTABILITY (AAI) -
This page to be completed by the athletes doctor/physician

IMPORTANT: THIS PAGE SHOULD BE COMPLETED FOR ALL ATHLETES WITH DOWN SYNDROME (II1 OR II2).

To be completed by a qualified medical practitioner. Please place a ✓ in the appropriate box:

	example	*Yes ☑*	*No ☐*
Does the athlete have a known diagnosis of symptomatic AAI?		Yes ☐	No ☐
Does the person show evidence of progressive Myopathy?		Yes ☐	No ☐
Does the person have poor head/neck muscular control?		Yes ☐	No ☐
Does the person's neck flexion allow the chin to rest on their chest?		Yes ☐	No ☐

Copy of neck x-ray report is attached **(mandatory)**	Yes ☐

STATEMENT: In my professional opinion I confirm the athlete is free from symptomatic AAI and is safe to participate in competitive sport. I confirm the athlete and their family/guardians have been made aware of the risk and that Virtus: World Intellectual Impairment Sport accepts no responsibility in the event of injury arising from AAI.

I confirm that I am a physician/doctor qualified in the assessment and diagnosis of AAI.

Practitioners Name	(Last Name or Family Name)	(First Name or Given Name)
Qualification/Profession		Official Stamp:
Address		
Phone Number	+ *I* Country code/number	
Email Address		
Signature		
Date		

CHECKLIST AND ENDORSEMENT FOR VIRTUS APPLICATION

FOR GB ATHLETES – TO BE COMPLETED BY HOME COUNTRY, NGB OR OTHER ORGANISATION CLASSIFICATION OFFICER OR BY PARENT/ADVOCATE IF SUBMITTING

Please ensure this is completed for each application and send as part of the application process.

Athlete Name		**Date of Birth**	
Address			
	Town **County**	**Post code**	
Email			
Telephone	**daytime**	**evening**	

CHECK FOR COMPLETION OF THE FOLLOWING		✓
General Application Procedures	Athlete name on every pg	
	All sections on every page completed	
	Unstapled. All information & form on **single sided pages only**	
Page 1 - Athlete information	Name correctly entered (matches passport)	
	Ensure correct Country "GBR England, GBR Wales", "GBR Scotland", "GBR N Ireland" entered.	
	Main sport (1), If additional sport classification (2) and (3) sought please speak with [redacted] Sport Excel UK	
	Date of Birth correctly entered	
	Gender entered	
Page 1 – Date by which registration required	Discuss with Sport Excel UK any specific date or enter "asap".	
Page 2 – Athlete Declarations	All statements read and tick boxes completed if appropriate	
	Athlete signature and date	
Page 2 & 2a - Parent/Legal Guardian/Advocate	Signature & Print name	
	Date & Relationship to athlete	
Attachments & Evidence *Ensure evidence is supplied single sided to avoid unnecessary delays.*	1 Photo attached (with name on reverse)	
	Copy of photo page of passport	
	Relevant evidence IN FULL for class II1, II2, or II3 (see guidance notes)	
	Psychologists HPC Registration no., valid dates	
TSAL - Has TSAL been completed online by lead coach?	Date and time of TSAL and name of coach who completed. Coach name: Date/Time	
Fees	Please ensure the relevant fee arrives at Sport Excel UK at the same time the application is submitted. Send proof of payment to finance@sportexceluk.org	

Name: Signature: Date:

Organisation Name submitting application:

Telephone: Email:

ATHLETE COMMUNICATION PASSPORT 1

All athletes (UK & International) should complete this form.

FOR ATHLETES - YOUR COMMUNICATION PASSPORT

Submit as part of UK or International Classification Application

Please complete all sections. If a section is not relevant to you, place n/a in that section.

Athlete Name	Sport	Date of Birth
Telephone no.	Athlete email	

Address	Town	County	Postcode
			Country

DIFFERENT WAYS TO CONTACT YOU

We want to make sure we communicate with you in a way that helps you. Please tell us how by choosing from the following: I can be contacted in any of the following ways: Please circle or tick the answer. Please do not leave blank – put n/a if you do not use it.

Email (Give email address)	Yes	No	N/A	Instagram (Give insta name)	Yes	No	**n/a**
Twitter (Give twitter handle)	Yes	No	N/A	By Telephone	Yes	No	n/a
Facebook	Yes	No	N/A	Through my advocate	Yes	No	n/a

IF YOU HAVE AN ADVOCATE PLEASE GIVE THEIR DETAILS

If an athlete is under 18, or without legal capacity to consent, this must be a parent or legal guardian. An advocate must be over 18.

Name	
Telephone	Email
Relationship to you	

WHO DO YOU WANT US TO CONTACT?

I prefer you to contact my advocate and they will talk to me	Yes	No
I prefer you to contact me directly and let my advocate know too	Yes	No
I prefer you to contact me directly, I manage all my own messages and emails	Yes	No

Any other information we should know on how best to communicate with you?

Signed Print Name Date