

# National Registration to Compete as an Athlete with Learning Disability

## **Guidance Notes on Completion of England Registration Form**

This application should be completed by all athletes wishing to compete in Para-Rowing competition within Great Britain.

Should it be your intention to compete at a higher level than this, now or in the future, an international registration should be sought. This includes entry to the national training squads, or to complete in INAS-FID (the international governing body) or IPC competition. Forms for international registration are available from the ESAPLD national office.

It is vital that these forms are completed IN FULL and ALL SUPPORTING DOCUMENTATION is submitted. Your forms will be returned if this is not done, delaying your application.

When complete, please send your application together with all the documentation and photographs, to this office.

#### Part 1

Should be completed in full. Please remember to include three passport photographs.

#### Part 2

Please tick all the boxes that apply. Under 'additional information', please include a brief account of any additional supporting information relevant to the application.

#### Part 3

This should be completed by an educational psychologist. Where this is not possible, a head teacher, school medical officer or other professional should sign the form.

A copy of an educational psychologist report or Statement of Educational Need (including appendices) should be submitted with the registration. The appendix entitled 'psychological assessment' or similar, is particularly necessary.

#### Part 4

This should be completed by the athlete or parent/guardian if under 18.



# NATIONAL REGISTRATION FORM

This form should be completed for all athletes.

However, when athletes reach the level where they are competing for their country, they also need to complete the full INAS-FID registration application form.

Part 1

Athlete's Full Name (underline name known by)	
Athlete/e Address	
Athlete's Address	
Other Contact Details (telephone/ fax/e-mail)	
Date of Birth	Male / Female
Parent/Guardian' s Name	
<b>Address</b> (if different from above)	
Relationship to Athlete	



### Part 2

Is the applicant in receipt of one or more of the following services by reason of his/her learning disability?

Special Education	Yes	No		
Special Accommodation	Yes	No		
Special Employment (eg sheltered workshop)	Yes	No		
Special Protection by Guardian or other respite care	Yes	No		
Financial Support, eg Attendance Allowance	Yes	No		
Was the onset of learning disability before age 18 years?	Yes	No		
Does the applicant have a proven IQ of 75 or less?	Yes	No		
Give any further information by which the athlete is judged to have a learning disability				
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### Part 3

I certify that the athlete named is, in my professional opinion, a person with learning disability in accordance with World Health Organisation definitions.

Name	
Signature	
Address	
Qualifications	
Details of tests administered confirming that the applicant's measured IQ is 75 or less	
Details of any attached papers	
Part 4	
Data Protection Act	
	contained in this form will be kept by the Association named above and d to confirm my status as an athlete with a learning disability with a enter within the United Kingdom.
Signed	(Athlete/Parent/Guardian*) Date
	(*Delete as appropriate)