

SportExcel UK Classification Application (UK Level)

Athletes with intellectual impairment in the UK

(Can also be used for Virtus National/formerly Virtus provisional if advised by SportExcelUK) Version Feb 2024

SECTION 1: ATHLETE PERSONAL DETAILS

Attach passport-size photo here	Athlete Surname <small>(Please ensure this matches passport or birth certificate)</small>		
	Athletes First Name <small>(Please ensure this matches passport or birth certificate)</small>		
	Sport <small>Main sport only. Do not list events.</small>	1.	
		2.	
	Home Country <small>(England, N.Ireland, Scotland or Wales)</small>		
	Date of birth Attach evidence (see guidance)		<small>(dd/mm/yyyy)</small>
Male/Female:			

Athlete Address:			
	Town	County	Post code
Telephone or Mobile:		Email Address:	
Twitter Handle		Facebook	

For Parent/Legal Guardian: Only complete if athlete is under 18, or without legal capacity to consent:

Parent/Legal Guardian Name:		Relationship to athlete:	
Address:			
	Town	County	Post code
Telephone or Mobile:		Email address	
Sign to confirm you are parent/legal guardian			Date

SECTION 2: ELIGIBILITY APPLICATION CLASS & TYPE

Eligibility (Classification) Group: <small>(tick all that apply)</small>	<input type="checkbox"/> II1-IntellectualDisability (IQ 75 or below) <input type="checkbox"/> II2 - Significant Additional Impairment (UK focus: Down Syndrome only) <input type="checkbox"/> II3 – Autism
Note: an athlete can hold more than one class, but only compete in one, in any 4-year Global Games cycle. See Virtus & Sport rules.	
Classification Level Required	<input type="checkbox"/> UK level only <input type="checkbox"/> UK level and Virtus national/provisional <small>Only tick if advised to do so by your NGB and/or SportExcel UK. For II1 class only</small>

**Please read the guidance notes before completing
Application form and all reports should be in full and single sided copies**

SECTION 3: EVIDENCE - CLASS II1 – INTELLECTUAL DISABILITY

II1 - INTELLECTUAL DISABILITY – CRITERIA 1 IQ		
Significant impairment in intellectual functioning. A full scale IQ of 75 or less	Yes	No
Evidence Required	Send a copy of the report carried out by a practicing psychologist that shows a full scale IQ figure. This must be a UK recognised full IQ test. It must have been carried out in the UK. We can accept pre-existing reports and you may not need a new assessment. Read the guidance notes for details.	

II1 - INTELLECTUAL DISABILITY – CRITERIA 2 ADAPTIVE BEHAVIOUR OR SOCIAL ADAPTATION		
Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. Evidenced by an adaptive behaviour report (see guidance notes)	Yes	No
<u>or</u>		
Social Adaptation – two areas from the list must be identified and evidenced. a) Special education, b) special employment, c) special accommodation or d) in receipt of statutory financial support. (Read guidance notes for acceptable evidence to send)	Yes	No

II1 - INTELLECTUAL DISABILITY – CRITERIA 3 – AGE OF ONSET PRE-22		
One of the following should be provided.		
Full statement of Educational Needs or equivalent, including appendixes referring to intellectual disability and carried out pre 22 years	Yes	No
IQ assessment carried out pre-22 years of age. It might be unacceptable to provide IQ on its own but could be used to show age of onset pre-22.	Yes	No
A letter from GP or HCPC registered psychologist with explicit statement to confirm in their professional opinion and on the basis of reports they have read age of onset pre-22 is present and confirmed.	Yes	No
Contra indicator – contact SportExcel UK for advice if none of the other options are available.	Yes	No

Please do not automatically get new assessments. Ensure you get advice from SportExcel UK before instructing any psychologist.

Please read the guidance notes before completing

SECTION 4: EVIDENCE CLASS II2 – SIGNIFICANT ADDITIONAL IMPAIRMENT (UK FOCUS DS)

II2 – DOWN SYNDROME (TRISOMY 21 OR TRANSLOCATION ONLY)		
A blood cytogenetic test showing Trisomy / Translocation diagnosis or a formal report with full diagnosis.	Test Attached	
	Yes	No
Complete the AAI Statement attached to this form and attach the evidence requested. If evidence is not available, please contact Sport Excel UK.	AAI completed and medical evidence attached	
	Yes	No

* Athletes with mosaic Down syndrome are currently assessed in class II1. A new health screening tool is being rolled out by Virtus. SportExcel UK will use this to assess athletes with mosaic Down syndrome and submit to Virtus to consider their eligibility for class II2.

SECTION 5: EVIDENCE CLASS II3 – AUTISM ONLY

II3 – AUTISM ONLY		
(a) Report and test to show that athlete has a formal diagnosis of autism	Yes	No
(b) Report must indicate name and type of assessment used as well as outcome. (Refer to the International Virtus guidance notes for full explanation)	Yes	No
Reports attached to evidence (a) and (b) above	Yes	No

ALL ATHLETES SHOULD COMPLETE THE FOLLOWING SECTIONS 6, 7, 8, 9

SECTION 6: ADDITIONAL INFORMATION

I would like to receive the SportExcel UK newsletter by email and hear about sports updates, events and receive other information from SportExcel UK.	Yes	No
I have filled in my 'Communication Passport' and have attached it to this form.	Yes	No

SECTION 7: ATHLETES ADVOCATE

If you are the athletes advocate and have helped them complete this form please provide your details.

I am the athletes advocate and am also the athlete's parent or legal guardian	Yes	No
If you answer 'yes' to this question and have already filled in your details on page 1 you do not need to give them again. If you answered 'no' then please complete your details below.		

Advocates Name			
Address		Town	County
		Postcode	
Email		Telephone	

SECTION 8: DATA PROTECTION AND CONFIDENTIALITY STATEMENT

I understand that the information in this application form, plus additional evidence will be circulated, shared, processed, and stored by SportExcel UK and its National Eligibility Committee. The information may also be shared with Virtus, relevant National Governing Bodies of Sport or specific sports organisations to evaluate and confirm my eligibility to compete as an athlete with intellectual impairment in class II1, II2 or II3. 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 on their evaluation committee who are outside of the UK and Europe. This will be done in accordance with the 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, or processed in this way, by emailing SportExcel UK, my NGB and Virtus. I understand that if I do withdraw consent this may affect my ability to be classified or retain the eligibility/classification status at that time.

SECTION 9: ATHLETE DECLARATION - PLEASE SIGN AND COMPLETE EACH BOX WITH ✓

- I understand the application rules and criteria and will follow these rules to compete as an athlete with intellectual impairment in class II1, II2 or II3.
- I will comply with SportExcel UK policies and procedures. This includes but is not exclusive to Anti-Doping, Standards and Selection Policies, Codes of Conduct and others issued for athletes.
- I will at all times uphold the principles and rules in anti-doping and clean sport. I understand that sanctions can be applied by SportExcel UK, UK Anti-Doping, Virtus or other sports bodies for breaches.
- I will uphold the spirit of fair play and good sportsmanship. I am responsible for my actions at all times.
- I understand the risks associated with competition. I will make sure I have put in place appropriate plans plus insurance to compete safely and minimise risks.

I have read and understood the data protection and confidentiality statement and my obligations under the Athlete Declaration, or I have had them read and explained to me. I agree to both and confirm that the information provided in my application and the evidence attached is a true and accurate record.

Athlete Signature or Identifying Mark (All athletes to complete)		Date
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An athletes Parent or *Legal* Guardian should *only* sign if the athlete is under 18, or if the athlete is over 18 but without legal capacity to consent. By signing I am saying the athlete is under 18 or without legal capacity to consent. I am also confirming that I am the athletes Parent or Legal Guardian.

Parent or <i>Legal</i> Guardian only		Date
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Please print your name		Relationship to athlete
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**To be completed for all athletes with Down syndrome only.
 This is a Virtus requirement and form.**

**SECTION 10: APPENDIX 1 - ATLANTOAXIAL INSTABILITY (AAI) –
 This page to be completed by the athlete’s 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 tick in the appropriate box:

	<i>Example</i>	<i>Yes R</i>	<i>No <input type="checkbox"/></i>
Does the athlete have a known diagnosis of symptomatic AAI?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the person show evidence of progressive Myopathy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the person have poor head/neck muscular control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the person’s neck flexion allow the chin to rest on their chest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Copy of neck x-ray report is attached (mandatory)			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">(Last Name or Family Name)</td> <td style="text-align: center; font-size: small;">(First Name or Given Name)</td> </tr> </table>			(Last Name or Family Name)	(First Name or Given Name)		
(Last Name or Family Name)	(First Name or Given Name)						
Qualification/Profession	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 40px;"></td> <td style="width: 40%; vertical-align: middle; text-align: center;">Official Stamp:</td> </tr> </table>		Official Stamp:				
	Official Stamp:						
Address (including p/code)							
Phone Number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">+</td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 80%;"></td> </tr> <tr> <td colspan="3" style="font-size: small; text-align: center;">Country code/number</td> </tr> </table>	+	/		Country code/number		
+	/						
Country code/number							
Email Address							
Signature							
Date							

FOR ATHLETES - YOUR COMMUNICATION PASSPORT
Submit as part of 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

All applicants should complete the checklist and include it with the application

SECTION 12: SPORTEXCEL UK (UK LEVEL) CLASSIFICATION APPLICATION CHECKLIST

CHECKLIST

SECTION	INFORMATION TO INCLUDE	Applicant to complete. ✓	For SportExcel UK use only
Athletes Personal Details	- Ensure every area is completed. Do not leave anything blank. If it isn't relevant put n/a.		
Parent/Legal Guardian details	- Ensure every area is completed. Do not leave anything blank. If it isn't relevant put n/a. - Advocates – please also complete the communication passport.		
Evidence II1 Intellectual Disability	- Full scale IQ report/figure - 2 social adaptation areas OR Adaptive Behaviour report - Evidence of Age of Onset pre-22		
Evidence II2 Down Syndrome	- Report eg. SEN or equivalent - Blood test results - AAI declaration completed + Neck x-ray report attached		
Evidence II3 Autism only	- Copy of report and test showing formal diagnosis of autism. - Report should indicate the type and name of assessments carried out – refer to the international guidelines for further detail		
Additional Information	- Newsletter - Make sure you tick so we know your preferences. - Complete your communication passport (if you have already completed as part of an expression of interest you don't need to do it again.)		
Athletes Advocate	- Remember to tell us about anyone that has helped you to complete the form. They should also help to complete the communication passport.		
Data Protection, Confidentiality Statement & Declarations	- Make sure all boxes are ticked and it is signed and dated. Do not leave anything blank.		
Other things to include	- 1 passport size photo - Copy of valid passport (photo page) or copy of birth certificate - Application fee by bank transfer/internet banking. Use athlete name as reference. Email finance@sportexceluk.org to advise. - See https://sportexceluk.org/classification/athlete-classification-procedure/		
	Date Payment made	Emailed payment detail to finance@sportexceluk.org ?	Amount Paid
			SportExcel UK use only

To avoid delays when it reaches SportExcel UK, please use this check this list. Carefully, complete the whole form and attach all the evidence, photos and pay fees. Missing items will cause delays to your application. Thank you for your application, we will be in contact soon.

PLEASE READ THE GUIDANCE NOTES AT WWW.SPORTEXCELUK.ORG BEFORE COMPLETING AND SENDING YOUR APPLICATION

FURTHER ADVICE AND GUIDANCE

If you have questions, then contact SportExcel UK for further guidance.

Email classification@sportexceluk.org

Telephone 0203 633 6460 (you may get an answerphone; leave a message and we will contact you)

Find out more on www.sportexceluk.org or follow us on twitter @sportexceluk , facebook or LinkedIn.

If you live in Scotland you can also speak to Scottish Disability Sport for guidance.

SportExcel UK, PO Box 1467, Enfield, Middlesex EN1 9PT
Tel: 0203 633 6460 Email classification@sportexceluk.org
Registered Charity No. 1050767

SportExcel UK is the new name for the UK Sports Association

Do not send applications by email.