



CLASSIFICATION APPLICATION FORM

In the case of swimmers with a physical disability, classification is based on several factors i.e. muscle strength, movement co-ordination, joint range of movement and/or limb length. The swimmers are also required to perform a practical water session, performing all strokes and be accordingly assessed on their ability and then finally be observed in competition.

A swimmer's classification and status shall not be confirmed until all 3 elements of the classification process have been undertaken.

Section A

Family Name _____ Given Name _____ 2ND Initial _____

Address: _____

_____ Postcode: _____

Home Telephone Number: _____ E-mail: _____

Date of Birth: ____ / ____ / ____ Gender: MALE / FEMALE (Please Circle)

Nationality: _____

ASA/WASA/SASA Membership ID Number _____

Club Name: _____

Section B

Please state your diagnosis and any associated diagnoses: _____

Have you had any operations within the last two years? **YES/NO**

If yes, please give **date(s)** of operation(s), a brief overview and the consultant's discharge date:-

Please enclose medical confirmation of disability/diagnosis and any documentation related to the above operation(s) as it may not be possible to proceed to classification without this documentation.

If you have applied for classification in a second impairment type, please provide details of the impairment type, organisation and date of application

Section C

Data Protection Statement:

British Swimming will use your personal data for the purpose of your involvement in Disability Swimming and I understand that by submitting this form, I am consenting to receiving information about Disability Swimming by post, email, SMS/MMS, online or phone unless stated otherwise.

I can confirm the above information is correct.

Sign: _____

Date: _____

Signature of Parent or Guardian (if under 18 years of age)

Sign: _____

Date: _____

Name: _____

Criteria for classification

The swimmer must be able to do the following before submitting an application for classification:

- Be able to understand and follow verbal and visual instructions given by the classifiers
- Be able to swim at least 50m of three strokes fast and a minimum of 5 recognisable strokes of butterfly (where the impairment permits this)
- Be able to do a face float and back float
- Be able to rotate from front to back
- Be confident in deep water

Please note if a swimmer is unable to do any of the above, the classification will be stopped

I can confirm that the swimmer can perform all of the above.

Coach Signature: _____

Date: _____

Name _____

(Please print)

Contact details:

Tel: _____

Email: _____

I can confirm that the swimmer can perform all of the above to the appropriate level:

Home Nation Officer Signature: _____

Date: _____

Print Name: _____

Please return this form to:

**Classification Coordinator, British Para-Swimming, 1st Floor Armstrong House,
Brancaster Road, off Oxford Rd, Manchester, M1 7ED**