

## **BEFORE YOU BEGIN**

### **What is Classification?**

Classification is an assessment process, which allows us to group athletes whose disability causes similar limitations in a particular sport in order to allow for meaningful competition.

### **What is Provisional National Athlete Evaluation?**

This process has been designed to allow athletes who do not have access to a full Classification panel, to gain an indication of whether they are eligible and where they may fit within the national Athletics classification system. The assessment of a provisional classification can be conducted by the athlete's physiotherapist or specialist.

The assessment form is then returned to Athletics Australia where by a certified medical classifier issues an outcome based off the assessment which is conducted in line with International classification rules for Athletics.

A provisional classification is valid for competition up to and including state championships. If you wish to compete at an Australian Championships, you will need a current National Level Classification Athletes who obtain a provisional classification should attend a face to face classification with a national panel at the next available opportunity.

### **What if I do not agree with my provisional athlete evaluation?**

If you disagree with a Provisional Athlete Evaluation outcome, the usual process would be to present for a face to face athlete evaluation before a full classification panel. Provisional athlete evaluation, while endeavouring to be an accurate indication of class, is a general guide only and may change upon face to face assessment by a full classification panel.

## **STEP 1.**

Complete SECTION 1: Athlete Details and Informed Consent

The athlete (or parent guardian if under 18 year of age) completes the athlete details and agrees to the terms in the Informed Consent form in the attached.

**STEP 2.** Complete SECTION 2: Athletics Athlete Evaluation Sheet (National Provisional Athletics Classification Form)

Athletes are to make an appointment with a local physiotherapist or medical doctor to complete the attached forms in SECTION 2. The Physiotherapist or Medical Doctor is to fill in SECTION 2.

**STEP 3.** Complete SECTION 3: Medical Diagnostics form. Your treating Specialist or medical doctor is to complete the medical diagnostics form.

**STEP 4.** Application Submission: submit application to [classification@athletics.org.au](mailto:classification@athletics.org.au)

## SECTION 1 ATHLETE TO COMPLETE

I \_\_\_\_\_ (print full athlete name):

Understand that:

- Classification is a process that requires me to answer a series of questions about my disability and training; complete activities and sport skills; and may require me to be observed during competition.
- Should I not be able to complete the classification fully due to pain, injury or other reason, my classification may not be able to be completed.
- Classifiers may require medical documentation to complete my classification
- National classification is for the purposes of Australian domestic competition only. International competition requires an International classification and any classification changes supersede any national classification.

Agree:

- To answer all questions fully, truthfully and to the best of my knowledge.
- To attempt all activities to the best of my abilities and that failure to give my best effort may be considered cheating. I understand this may result in termination of the classification process.
- 

Am aware that as an outcome to my classification being completed:

- My classification data will be stored in a confidential database.
- Relevant information about my classification will be shared with classifiers and relevant APC and Athletics Australia Classification personnel
- My name, state, date of birth, class and status will be made available on the Athletics Australia and Australian Paralympic Committee website.

I understand that, as an athlete, I have the following rights during classification:

**The right to withdraw:** My participation in the classification process is voluntary and I have the right to withdraw from the classification process at any time. Signing this form does not change my right to withdraw at any time. I understand that if I withdraw from the classification process I will not be able to be classified and will not be able to compete in Para-Athletics competitions.

**The right to respect and confidentiality:** Evaluations will be conducted respectfully and information obtained during the classification process will be treated confidentially.

**The right to challenge a classification decision or process:** This should be done The Right to challenge a classification decision or process

I allow my data and any video recordings collected during the classification process to be used for research and educational purposes by my sport. I understand that I may withdraw this consent at any time.

Athlete Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete Signature: \_\_\_\_\_ **Where athlete is**

**under 18 years:**

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**SECTION 1 CONT**

| Athlete Details (Athlete to complete)    |   |   |
|--|---|---|
| Surname:                                 | First Name:   |   |
| Address:                                 |   |   |
| Suburb:                                  | State:  | Postcode:   |
| Phone:                                   |   |   |
| E-mail:                                  |   |   |
| Date of Birth: ___/___/_____             | Gender: M / F   |   |
| Classification Summary (Office Use ONLY) |   |   |
| <b>Sport</b>                             | <b>ATHLETICS</b>  |   |
| <b>Class</b>                             | <b>Track (T) (Running/Jumps)</b>  | <b>Field (F) (Throws)</b>   |
|  | <b>Eligible:</b> Class: _____<br><b>Not Eligible (NE)*</b>  | <b>Eligible:</b> Class: _____<br><b>Not Eligible (NE)*</b>  |
| <b>Status</b>                            | <b>Track Status</b>   | <b>Field Status</b>   |
|  | Provisional Review<br><br>Year of review: _____ (Provisional classifications are allocated 1 year review)   | Provisional Review<br><br>Year of review: _____ (Provisional classifications are allocated 1 year review) |
|  | <i>NOTE: Athletes are to attend face to face opportunity at earliest availability for National Level Classification.</i>  |   |
| <b>Diagnosis</b>                         |   |   |
| <b>Impairment Type</b>                   | <ul style="list-style-type: none"> <li style="width: 33%;">• Hypertonia</li> <li style="width: 33%;">• Ataxia</li> <li style="width: 33%;">• Athetosis</li> <li style="width: 33%;">• Limb Deficiency</li> <li style="width: 33%;">• Leg Length Difference</li> <li style="width: 33%;">• Short Stature</li> <li style="width: 33%;">• Impaired range of movement</li> <li style="width: 33%;">• Impaired muscle power</li> </ul> |   |
| <b>Classifiers (Print Name)</b>          |   |   |

**Note** \*NE evaluations. All NEs are allocated Review status

|  |
|--|
| <p><b>Office Use Only</b></p> <input type="checkbox"/> Consent Form signed<br><input type="checkbox"/> Athlete provided with copy of this result sheet on ___/___/_____<br><input type="checkbox"/> Entered on Masterlist on ___/___/_____ |
|--|

**INSTRUCTIONS FOR COMPLETING THIS FORM**

**How to complete this sheet**

This form is for athletes with a Physical Impairment.

This sheet is used to collect sports specific information that will assist an authorised Athletics Classifier to determine a provisional Para-Athletics classification.

The form is marked where the athlete or the approved medical professional (Physiotherapist or Medical Doctor) is to complete the various sections of the form.

The approved medical professional will complete a range of physical measures and tests and record the results on the sheet where required.

This form is divided into sections relevant to an athletes specific impairment. **Medical Professionals should only complete the parts of the form that relate to the athletes impairment.**

Those sections highlighted in yellow and marked for the authorised classifier to complete should be left blank.

**Any questions about completing this form should be directed to:**

**Athletics Australia**

Para-Athletics Development Officer

Email: [classification@athletics.org.au](mailto:classification@athletics.org.au)

Phone: 03 8646 7

**ATHLETE PERSONAL DETAILS (Athlete to complete)**

|               |      |        |      |
|---------------|------|--------|------|
| State         |      |        |      |
| Family Name   |      |        |      |
| First Name    |      |        |      |
| Date of Birth | Day  | Month  | Year |
| Gender        | Male | Female |      |

**TRAINING AND COMPETITION HISTORY (Athlete to complete)**

|   |  |                |                     |
|---|--|----------------|---------------------|
| List preferred events & Personal Best times and distances | 1  | 2              | 3                   |
|   | 4  | 5              | 6                   |
| Number of years Competing:                                | Highest Competitive Level (please circle)  | Local National | State International |
| Names & Years of 3 Highest level Competitions             |  |                |                     |
| Throwing Arm if applicable                                | Right                                      | Left           |                     |
| Are you choosing to compete?                              | Sitting                                    | OR             | Standing            |
| Number of Training Sessions per Week                      | Number of Sport Specific Sessions per Week |                |                     |
| Number of Strength Sessions per week                      | Other Training                             |                |                     |
| Any Other Sports and Other Notes:                         |  |                |                     |

**MEDICAL PROFESSIONAL DETAILS (Medical Professional to complete this section)**

|            |                  |
|------------|------------------|
| Print Name | Signature        |
| Profession | Practice Address |
| Phone      | Email            |
| Date: Day  | Month Year       |



**PROVISIONAL NATIONAL ATHLETICS CLASSIFICATION FORM  
ATHLETES WITH A PHYSICAL IMPAIRMENT**

June 2018

**AUTHORISED CLASSIFIER TO COMPLETE THIS SECTION**

**FINAL OUTCOME OF CLASSIFICATION**

Before completing this box please answer the following question:  
Was the Athlete Evaluation Process able to be completed? Yes No

If the process was completed please complete the box below.

| DISCIPLINE  | SPORT CLASS | SPORT CLASS STATUS |
|-------------|-------------|--------------------|
| Track/Jumps | T           | Provisional Review |
| Field       | F           | Provisional Review |

**AUTHORISED CLASSIFIER TO COMPLETE THIS SECTION**

Justification for allocation of sport class and status (start with eligible impairment type/s) and then state reasons:

- Eligible impairment type:  Hypertonia (spasticity, dystonia or rigidity)  Athetosis  
 Ataxia  Short stature  Leg length difference  
 Limb deficiency  Impaired muscle power  Impaired PROM

Eligibility Criteria (identify which eligibility criteria is met):

Rationale for Class allocated:

|                      |       |      |
|----------------------|-------|------|
| Classifier Name      |       |      |
| Classifier Signature |       |      |
| Date: Day            | Month | Year |

**SECTION 2: MEDICAL PROFESSIONAL to complete this section for all athletes**

**NAME** **STATE**

**HEALTH CONDITION/DIAGNOSIS AS STATED/DESCRIBED BY ATHLETE**

|                          |            |          |      |     |       |      |
|--------------------------|------------|----------|------|-----|-------|------|
| This condition is:       | Congenital | Acquired | Date | Day | Month | Year |
| Progressive/<br>Changing | Yes        | No       |      |     |       |      |

**ATHLETE'S DESCRIPTION OF HOW IMPAIRMENT(S) IMPACT ON SPORT**

**Eligible Impairment Types** — circle which impairments the athlete identifies:  
 1. Hypertonia 2. Ataxia 3. Athetosis 4. Limb Deficiency 5. Impaired Passive Range of Movement  
 6. Impaired Muscle Power 7. Leg Length Difference 8. Short Stature

|   |  |           |                                    |
|---|--|-----------|------------------------------------|
| <b>ARE IMPAIRMENTS CONSISTENT WITH HEALTH CONDITION AS STATED BY ATHLETE?</b>                                   | Yes  | No        | IF NOT, WHAT IS THE INCONSISTENCY? |
| Secondary conditions (circle)   | Epilepsy      Asthma      Autonomic Dysreflexia<br>Other |           |                                    |
| Previous surgery  |  |           |                                    |
| Botulinum injections<br>(when and which muscle groups)  |  |           |                                    |
| Current medications used routinely  |  |           |                                    |
| Assistive devices used in sport e.g. strapping, prosthesis, brace, shoe raise, wheelchair, throwing frame, etc. |  |           |                                    |
| Uses a wheelchair (circle)  | Always   | Sometimes | Never                              |

**SECTION 2: MEDICAL PROFESSIONAL to complete this section for athletes where limb deficiency/ Dysmelia, short stature or leg length difference are primary impairments**

**ATHLETES WITH LIMB DEFICIENCY AND DYSMELIA—LOWER LIMB ONLY**

**Description:**

| FOR ALL ATHLETES<br>LENGTH (in cms)                    | Right | Left |
|--|-------|------|
| Femur (greater trochanter to lateral joint line)       |       |      |
| Tibia (medial jt line to medial malleoli)              |       |      |
| Foot (posterior aspect calcaneus to most distal point) |       |      |
| Point of the elbow to tip of the middle finger (cm):   |       |      |

**ATHLETES WITH LIMB DEFICIENCY AND DYSMELIA—UPPER LIMB ONLY**

**Description:**

| UNILATERAL   | Affected Arm (circle):             | Right  | Left  | Unaffected Arm (circle):              | Right | Left |
|--|------------------------------------|--------|-------|---------------------------------------|-------|------|
| All Running Events/Jumps   | Acromion to Wrist crease (cm)      |        |       | Length of un affected Humerus=        |       |      |
|  |                                    |        |       | (Acromion to superior head of radius) |       |      |
| 100m-400m / Jumps / Throws   | Acromion to longest fingertip (cm) |        |       | Length of unaffected arm =            |       |      |
|  |                                    |        |       | (Acromion to radial styloid)          |       |      |
| If full extension is not available in unaffected arm, use Length of Humerus + Length of radius = |                                    |        |       |                                       |       |      |
| <b>BILATERAL DYS</b>   | Acromion to longest finger tip:    | Right: | Left: |                                       |       |      |
| All Running Events/Jumps   | ≤                                  | 0.646  | X     | Standing height (cm):                 | =     |      |
| 100m-400m / Jumps  | ≤                                  | 0.674  | X     | Standing height (cm):                 | =     |      |

**SHORT STATURE ONLY**

|  |  |
|--|--|
| Full standing height (cm):   | Predicted adult height (under 18 yrs): |
| Arm length -Acromion to tip of longest finger (cm):<br>Right:                      Left: | Sum of Standing Height and Arm Length: |

**FOR ATHLETES WITH LEG LENGTH DIFFERENCE ONLY**

|  |       |      |            |
|--|-------|------|------------|
| ASIS to inferior tip of medial malleolus | Right | Left | Difference |
|--|-------|------|------------|

**SECTION 2: MEDICAL PROFESSIONAL to complete**

**This page to be completed for athletes with health conditions where hypertonia (spasticity, dystonia, rigidity), ataxia or athetosis are the primary impairments**

NAME STATE

| HYPERTONIA, ATAXIA, ATHETOSIS                             |    |     |       |      |
|---|----|-----|-------|------|
| Clear uni or bilateral Babinski                           | No | Yes | Right | Left |
| Clear unilateral or bilateral clonus (4 beats or more)    | No | Yes | Right | Left |
| Noticeably brisk reflexes or clear difference in reflexes |    |     |       |      |
| Biceps  | No | Yes | Right | Left |
| Triceps   | No | Yes | Right | Left |
| Wrist   | No | Yes | Right | Left |
| Knee  | No | Yes | Right | Left |
| Ankle   | No | Yes | Right | Left |
| Clear evidence of athetosis or ataxia                     | No | Yes |       |      |
| Stiffness or rigidity in one or more limbs                | No | Yes | Right | Left |
| Mild atrophy or shortening of a limb                      | No | Yes | Right | Left |

| ASHWORTH SPASTICITY GRADE | Right    |        | Left     |        |
|---------------------------|----------|--------|----------|--------|
|                           | Proximal | Distal | Proximal | Distal |
| Arms                      |          |        |          |        |
| Legs                      |          |        |          |        |

**Ashworth Scale**

- Grade 0-No increase in tone
- Grade 1-slight increase in tone, giving a catch when limb is flexed or extended
- Grade 2-More marked increase in tone, but limb is easily flexed or extended
- Grade 3-Considerable increase in tone and passive movement in difficult
- Grade 4-Limb is rigid in flexion

|                                |      |      |      |
|--------------------------------|------|------|------|
| <b>Static Trunk Control</b>    | Good | Fair | Poor |
| <b>Dynamic Trunk Movements</b> | Good | Fair | Poor |

**Additional comments relevant to impairment**  
e.g. scoliosis, contracture, reactionary hypertonia

**COORDINATION TESTS — LOWER EXTREMITY**

**Complete tasks below, circle any applicable description. Describe symmetry or other variation from norms.**

|                                     |             |              |        |                    |
|-------------------------------------|-------------|--------------|--------|--------------------|
| Gait (describe)                     |             |              |        |                    |
| Tiptoe Walking                      | Symmetrical | Asymmetrical |        |                    |
| Heel Walking                        | Symmetrical | Asymmetrical |        |                    |
| Single Leg Stance (secs)            | L _____     | R _____      |        |                    |
| Single Leg Hopping on spot (number) | L _____     | R _____      |        |                    |
| Tandem Walk                         | Symmetrical | Asymmetrical | Smooth | Evidence of Ataxia |
| Side step to Right and Left         | Symmetrical | Asymmetrical | Smooth | Incoordination     |
| Grapevining to Right and Left       | Symmetrical | Asymmetrical | Smooth | Incoordination     |
| High knees jogging                  | Symmetrical | Asymmetrical | Smooth | Incoordination     |
| Heel to Buttock Kick jogging        | Symmetrical | Asymmetrical | Smooth | Incoordination     |
| Heel-shin Ataxia Test               | Symmetrical | Asymmetrical | Smooth | Evidence of Ataxia |

**COORDINATION TESTS — UPPER EXTREMITY**

**Complete tasks below, circle any applicable description. Describe symmetry or other variation from norms**

|   |             |              |        |                    |
|---|-------------|--------------|--------|--------------------|
| Finger-nose-finger  | Symmetrical | Asymmetrical | Smooth | Evidence of Ataxia |
| Finger-Nose Crucifix  | Symmetrical | Asymmetrical | Smooth | Evidence of Ataxia |
| Fast Hand Rubbing   | Symmetrical | Asymmetrical | Smooth | Incoordination     |
| Fast Hand Pronation/Supination  | Symmetrical | Asymmetrical | Smooth | Incoordination     |
| Fast alternating Elbow Flexion/Extension  | Symmetrical | Asymmetrical | Smooth | Incoordination     |
| Tennis Ball Manipulation (describe ability to spin tennis ball within one hand) : | Symmetrical | Asymmetrical |        |                    |

**SECTION 2: MEDICAL PROFESSIONAL to complete**  
**This page to be completed for athletes with health conditions where Passive range of Movement, or muscle strength are the primary impairments**

NAME \_\_\_\_\_ STATE \_\_\_\_\_

| TRUNK MUSCLE ACTIVITY | Upper          |                |  | Lower          |                |  |
|-----------------------|----------------|----------------|--|----------------|----------------|--|
|                       | Left           | Right          |  | Left           | Right          |  |
| Abdominals            | None Some Full | None Some Full |  | None Some Full | None Some Full |  |

| SPINE MOVEMENTS (Compared to Functional Norms ) |  |  |      |      |      |
|---|--|--|------|------|------|
| Upper Thoracic extension                        |  |  | None | Some | Full |
| Entire Trunk flexion                            |  |  | None | Some | Full |
| Entire Trunk extension                          |  |  | None | Some | Full |
| Trunk rotation                                  |  |  | None | Some | Full |
| Side flexion to left                            |  |  | None | Some | Full |
| Side flexion to right                           |  |  | None | Some | Full |

**SPINAL / RIB CAGE DEFORMITIES**

Detailed description based on observation, including location, severity, type and extent of fusion if present (eg, severe thoracolumbar kyphoscoliosis, convex to left with apex T10)

**Additional comments relevant to impairment**

| MUSCLE POWER           |  |      | IMPAIRED PASSIVE RANGE OF MOVEMENT |      |              |
|------------------------|--|------|------------------------------------|------|--------------|
|                        | Muscle Strength (Grade 0-5 using Oxford scale) |      | Passive Joint Range                |      | Normal Range |
|                        | Right  | Left | Right                              | Left |              |
| <b>Shoulder</b>        |  |      |                                    |      |              |
| Flexion - Forward      |  |      |                                    |      | 180          |
| Extension              |  |      |                                    |      | 50           |
| Abduction              |  |      |                                    |      | 180          |
| Adduction              |  |      |                                    |      |              |
| Flexion – Horizontal   |  |      |                                    |      | 130          |
| Extension – Horizontal |  |      |                                    |      | 45           |
| Ext Rotation           |  |      |                                    |      | 80           |
| Int Rotation           |  |      |                                    |      | 80           |
| <b>Elbow</b>           |  |      |                                    |      |              |
| Flexion                |  |      |                                    |      | 150          |
| Extension              |  |      |                                    |      | 0            |
| <b>Wrist</b>           |  |      |                                    |      |              |
| Flexion                |  |      |                                    |      | 80           |
| Extension              |  |      |                                    |      | 70           |
| <b>Fingers</b>         |  |      |                                    |      |              |
| PIP Flexion            |  |      |                                    |      |              |
| PIP Extension          |  |      |                                    |      |              |
| MCP Flexion            |  |      |                                    |      | 90           |
| MCP Extension          |  |      |                                    |      | 0            |
| <b>Thumb</b>           |  |      |                                    |      |              |
| Opposition             |  |      |                                    |      |              |
| Extension              |  |      |                                    |      |              |

Wasting of intrinsic muscles of the hand Yes No

Is it functionally significant? Yes No

|                 | Muscle Strength (Grade 0-5 using Oxford scale) |      | Passive Joint Range |      | Normal Range |
|-----------------|--|------|---------------------|------|--------------|
|                 | Right  | Left | Right               | Left |              |
| <b>Hip</b>      |  |      |                     |      |              |
| Flexion         |  |      |                     |      | 120          |
| Extension       |  |      |                     |      | 20           |
| Abduction       |  |      |                     |      | 45           |
| Adduction       |  |      |                     |      | 20           |
| <b>Knee</b>     |  |      |                     |      |              |
| Flexion         |  |      |                     |      | 135          |
| Extension       |  |      |                     |      | 0            |
| <b>Ankle</b>    |  |      |                     |      |              |
| Dorsiflexion    |  |      |                     |      | 20           |
| Plantar Flexion |  |      |                     |      | 45           |
| Inversion       |  |      |                     |      | 35           |
| Eversion        |  |      |                     |      | 25           |

# Athletics Australia PI Medical Diagnostics Form

## Medical Diagnostics Form for athletes with physical impairment

The form is to be completed by the athlete's medical doctor, if the athlete does not have relevant medical information. In the case that you have a current medical letter stating the diagnosis, impairment and physical from a specialist you may submit it in place of this form.

The completed form must be sent to Athletics Australia no later than 2 weeks before the athlete undergoes classification. Depending on the athlete's health condition and impairment, additional medical information is to be attached to this form (see page 2).

### Athlete Information

Athlete name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender:  Female  Male Date of Birth: \_\_\_\_\_

### Medical Information

|  |
|--|
| Athlete's Medical Diagnosis:<br><br>Primary impairment/s (tick those that apply):<br><input type="checkbox"/> Hypertonia <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Impaired Passive Joint Range<br><input type="checkbox"/> Impaired Muscle Power <input type="checkbox"/> Short Stature <input type="checkbox"/> Limb deficiency <input type="checkbox"/> Leg length difference<br><input type="checkbox"/> Other: _____<br><br>Impact of how medical diagnosis affects Athletic performance<br><br><br>Health condition is: <input type="checkbox"/> progressive <input type="checkbox"/> stable |
|--|

### Medical history:

Health condition is:  acquired (Year: \_\_\_\_\_)  congenital

Anticipated future procedure(s): \_\_\_\_\_



# Athletics Australia PI Medical Diagnostics Form

Medication:

|  |
|--|
|  |
|--|

## Attachments

The athlete's health condition as stated on this form and associated impairment must fully explain the loss of function exhibited by the athlete during classification. Otherwise no sport class can be allocated by the classification panel, as stipulated in the IPC Athletics classification rules.

Additional, recent and relevant medical documentation has to be attached to this form if the athlete has\*

- an impairment or diagnosis that cannot be ascertained by clear signs and symptoms;
- a complex or rare health condition, or multiple impairments;
- limb deficiency (amputation or dysmelia) at the level of the wrist (X-rays for the respective joints to be enclosed);
- a spinal cord injury (recent ASIA scale results to be enclosed, within 2 years);
- hypertonia (Modified Ashworth Scale scores to be enclosed).

Other reports by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.

Athletics Australia and the Classification Panel may ask for further information to be submitted depending on the individual athlete's health condition and impairment.

I confirm that the above information is accurate.

Name: \_\_\_\_\_

Health care  
profession: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## SECTION 3. Application Submission

### Submission Checklist

- Completed Athlete Details and Informed Consent form (Section 1)
- Completed Athletics Classification Evaluation Sheet (Section 2)
- Attach medical documentation from your medical specialist that outlines your diagnosis

### Please return application to:

Submit completed forms via email or post to

#### Athletics Australia

#### Para-Athletics Development Officer

Athletics House, Level 2, 31 Aughtie Drive, Albert Park, VIC 3206

Phone (03) 8646 4577

Email [classification@athletics.org.au](mailto:classification@athletics.org.au)

Your completed application will be reviewed by an accredited National Athletics Classifier.

Please allow 3 to 6 weeks for your application to be processed. Any incomplete or missing information may delay the provisional classification process.

You will be contacted by the Athletics Australia confirming your Provisional Classification outcome. Your outcome will also be added to the Australian Athletics Classification Masterlist

<http://athletics.com.au/Participate/Para-athletics/Classification/Classification-Masterlist>

### For further information and enquiries please contact:

|   |
|---|
| <b>Athletics Australia</b>  |
| Para-Athletics Development Officer  |
| Phone: 03 8646 4577   |
| Email: <a href="mailto:classification@athletics.org.au">classification@athletics.org.au</a> |
| Website: <a href="http://www.athletics.com.au">www.athletics.com.au</a>                     |