**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 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 Badminton classification system. This provisional classification must be given by a certified medical classifier and is conducted in line with International classification rules for Badminton.

All provisional athlete evaluations provide an indication of a classification and are usually valid for a 12-month period.

A provisional classification is generally not valid for national level competition and beyond. Athletes should attend a face to face classification with a national panel at the next available opportunity. Athletes with a provisional classification are not eligible for national team selections.

**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.

**Steps to Completing the Provisional Athlete Evaluation**

**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: Badminton Athlete Evaluation Sheet (Provisional Badminton 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 4. Complete SECTION 3: Application Submission**

*(Section 3 is to be left blank to be completed by a trained classifier)*

**SECTION 1: Athlete Details and Informed Consent**

|  |
| --- |
| **Athlete Details (Athletes to complete)** |
| Surname: | First Name: |
| Address: |
| Suburb: | State: | Postcode: |
| Phone: |
| E-mail: |
| Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ | Gender: M / F |

|  |
| --- |
| **Classification Outcome (Classifier to complete):**  |
| **Sport** | **Badminton** |
| **Class** | **€ Eligible**: Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **€ Not Eligible (NE)**  |
| **Status** | € Provisional Review*NOTE: Athletes are to attend a face to face classification opportunity at earliest availability for National Level Classification.*  |
| **Diagnosis** |  |
| **Impairment Type** | Hypertonia Ataxia Athetosis Limb Deficiency Impaired passive range of movement Impaired muscle power Leg Length Difference Short Stature  |
| **Classifier****(Print Name)** |  | **Date** |  |

|  |
| --- |
| **Office Use Only**🞎 Consent Form signed🞎 Athlete provided with copy of this result sheet on \_\_\_/\_\_\_/\_\_\_\_\_🞎 Entered on Masterlist on \_\_\_/\_\_\_/\_\_\_\_\_ |

**SECTION 1 (cont’d)-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 activity limitation and training; complete activities and sport skills; and may require me to be observed during competition.
* There is a risk of injury in participating in sports-like exercises and activities and confirm that I am healthy enough to participate in the classification evaluation.
* Classification requires me to give my best effort at all times.
* 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 require sufficient medical documentation to complete my classification
* Provisional classification is for the purposes of Australian domestic competition.

I agree to:

* Answer all questions fully, truthfully and to the best of my knowledge.
* Attempt all activities to the best of my abilities and that any intentional misrepresentation of skills, abilities and/or the nature and/or degree of impairment may result in termination of the classification process and/or disciplinary action.

I agree and consent to:

* My personal and classification data being processed and stored in any format by Badminton Australia as required for classification purposes.
* My classification being completed including:
* My classification data including supporting documentation will be stored in a confidential database.
* Relevant information about my classification may be shared with third parties for the purposes of classification only (including but not limited to classifiers, APC and National Federation Classification personnel, International Federation classification personnel)
* My name, state, year of birth, class and status will be made publicly available on the Badminton Australia 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 Badminton 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 through the appropriate channels.

􀀀 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 2: Badminton Athlete Evaluation Sheet**

This form is for Badminton Athletes with a physical impairment seeking a Provisional level classification in Australia. It is used to collect sports specific information that will assist an authorised Badminton Classifier to determine a Provisional Classification for Para Badminton.

The form is marked where the athlete or medical professional is required to complete relevant sections.

1. **Athletes to complete:**

|  |  |
| --- | --- |
| Section 2a  | Athlete to complete their personal details, training history and functional skills |

1. **Medical Professional to complete:**

The form is marked in green where the medical professional (Physiotherapist or Medical Doctor) is to complete.

The medical professional will fill in their professional details. The medical professional will complete a range of physical measures and tests relative to the athlete’s impairment.

|  |  |
| --- | --- |
| Section 2b  | To be completed for ALL athletes |
| Section 2c  | Medical professional to complete evaluations sections relevant to athlete’s impairment. |

1. **Sections to leave blank:**

|  |  |
| --- | --- |
| Section 3  | Sections highlighted in yellow and marked for the authorised classifier to complete should be left blank. |

|  |
| --- |
| **SECTION 2a ATHLETE PERSONAL and SPORT DETAILS** (to be completed by the Athlete) |

|  |  |
| --- | --- |
| **Family Name** |  |
| **Given Name** |  |
| **Date of Birth** |  |
| **State** |  | **Gender** |  MALE / FEMALE |
| **TRAINING AND COMPETITION HISTORY** |
| Years involved in Badminton |  |
| Training sessions per week (Badminton) |  |
| Training sessions per week(Other) |  |
| Other Sport History |  |
|  |

|  |
| --- |
| **SECTION 2b MEDICAL/IMPAIRMENT INFORMATION** (to be completed by Medical Professional) |

|  |  |
| --- | --- |
| Name |  |
| Profession |  |
| Address |  |
| Phone |  |
| Email |  |
| Signature |  |
| Date of Assessment |  |
| **DIAGNOSIS**  |
| Supporting Medical Documentation? Yes No |
| Congenital Acquired  | If acquired, provide date / /  |
| Progressive / Changing Yes No |
|  |
| **Eligible Impairment Type(s)**  |
| Impaired Muscle Power | Impaired passive ROM | Limb deficiency | Short Stature |
| Ataxia | Athetosis | Hypertonia |  Leg Length Difference |
| None |  |
| **Detailed description of impairment(s) and health condition(s)** |
|  |
| Medications |  |
| Secondary Conditions  | Epilepsy Asthma Autonomic Dysreflexia Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Previous Surgery / Botox |  |
| Assistive Devices for sport |  |
| Uses a Wheelchair | Always Sometimes Never  |

|  |
| --- |
| **SECTION 2c Medical Professional to complete sections relevant to impairment type** |

|  |
| --- |
| **Spinal Cord Injury:**  |
| Motor Level Incomplete Complete below \_\_\_\_\_\_\_\_\_ |
| Sensory Level Incomplete Complete below \_\_\_\_\_\_\_\_\_ |
|  |
| **Trunk Balance:**  |
| Flexion |  Good |  Fair |  Poor |
| Extension |  Good |  Fair |  Poor |
| Side Flexion Right |  Good |  Fair |  Poor |
| Side Flexion Left |  Good |  Fair |  Poor |
| Rotation Right |  Good |  Fair |  Poor |
| Rotation Left |  Good |  Fair |  Poor |
|  |
| **Hypertonia, Ataxia, Athetosis:** |
| Dyscoordination Yes No |
| Spasticity Yes No Right Left |
| Upper Limb Grade: |
| Lower Limb Grade: |
|  |
| **Limb Deficiency**  |
| Affected UPPER Limb(s): LEFT/RIGHT | Level and Description |
|  |
| Affected LOWER Limb(s): LEFT/RIGHT | Level and Description |
|  |
|  |
| **Short Stature Yes No** |
| Height: | Arm Length:  | Sum: |

|  |
| --- |
| **Muscle Strength and Passive Range of Movement Testing** |
|  | **MUSCULAR STRENGTH (0-5)** | **PROM (degree ⁰)** |
| **UPPER LIMBS** | **RIGHT** | **LEFT** | **RIGHT** | **LEFT** |
| Shoulder Abduction |  |  |  |  |
| Forward Flexion |  |  |  |  |
| Extension |  |  |  |  |
| Horizontal Extension |  |  |  |  |
| External Rotation |  |  |  |  |
| Internal Rotation |  |  |  |  |
| Elbow Extension |  |  |  |  |
| Elbow Flexion |  |  |  |  |
| Wrist Flexion |  |  |  |  |
| Wrist Extension |  |  |  |  |
| Finger 2-5 MCP Flexion |  |  |  |  |
| Finger 2-5 MCP Extension |  |  |  |  |
| **No. of Criteria Filled** |  |  |  |  |
|  |
|  | **MUSCULAR STRENGTH** | **PROM** |
| **LOWER LIMBS** | **RIGHT** | **LEFT** | **RIGHT** | **LEFT** |
| Hip Flexion |  |  |  |  |
| Extension |  |  |  |  |
| Abduction |  |  |  |  |
| Adduction |  |  |  |  |
| Knee Flexion |  |  |  |  |
| Knee Extension |  |  |  |  |
| Ankle Dorsiflexion |  |  |  |  |
| Ankle Plantar flexion |  |  |  |  |
| **No. of Criteria Filled** |  |  |  |  |
|  |
| **NOTES:** |

|  |
| --- |
| **SECTION 4: PROVISIONAL CLASSIFICATION DECISION (to be completed by a classifier)****Classification Outcome** SU 5 SLL4 SL3 WH2 WH1 SH6 Not Eligible**Classification Level**  Provisional **Classification Status** Review  **Rationale for Class Allocated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**SECTION 4. 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 if available, that outlines your diagnosis.

|  |
| --- |
| **Please return application to:** |

Submit completed forms via email or post to

**Badminton Australia**

Post: Unit 8/15 Techno Park Drive

 Williamstown, Victoria 3016

Email: para@badminton.org.au

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

Please allow up to 2 months for your application to be processed. Any incomplete or missing information may delay the provisional classification process.

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

|  |
| --- |
| **For further information and enquiries please contact:** |

|  |
| --- |
| **Badminton Australia** |
| Phone: 0484 606 316 |
| Email: para@badminton.org.au |
| Website: [www.badminton.org.au](http://www.badminton.org.au)  |