



## 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 \_\_\_\_\_ 2<sup>nd</sup> Initial \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Mobile phone 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 surgery within the last two years?

**YES/NO**

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

\_\_\_\_\_

\_\_\_\_\_

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:

This form should be sent directly to British Para-Swimming. The data contained in this form is classed as sensitive personal data under the Data Protection Act 1998 (DPA). Your express written consent to hold this data is required under the DPA, which you are providing by signing this form. The data will be held securely in accordance with the DPA and will be used to administer your Classification Application and progression to allocation of classes and classification status and shared with British Swimming accredited classifiers. Your information may also be shared with the International Paralympic Committee (IPC) British Paralympic Association (BPA), for the purpose of international classification procedures, should you be identified at any time for an international classification.

You have the right to ask for a copy of all the information we hold about you. If you wish to exercise this right, please contact the Data Protection Officer at the following address: The British Swimming Legal Department, SportPark, Pavilion 3, 3 Oakwood Drive, Loughborough University, LE11 3QF  
Office: 01509 640252. You will be asked to formally prove your ID before your data can be released. In the event that there is a change to your personal information, for example, your contact details, please let us know as soon as possible, in writing, in order that we can keep your information up to date and accurate. For further information regarding the Data Protection, please refer to the website:  
<http://www.swimming.org/asa/about-us/data-protection-notice>

I can confirm the above information is correct.

Sign: \_\_\_\_\_

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

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

Sign: \_\_\_\_\_

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

Name: \_\_\_\_\_  
(Please print)

### 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: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

**Please return this form to: Classification Coordinator, British Para-Swimming,  
9th Floor St James' Building, off Oxford St. Manchester, M1 6FQ**