



**PART 1: ATHLETE**

*This page to be completed by the athlete's representative*

Attach/insert 1  
passport-size  
photo here

(Please write the  
athletes name on the  
back)

|   |  |
|---|--|
| <b>Athlete Surname</b>  |  |
| <b>Athlete First Name</b>   |  |
| <b>State</b>  |  |
| <b>Sport(s) in which the athlete will compete</b> (please tick the relevant box –athletes can select more than one sport) | <b>Athletics/Cross Country</b> <input type="checkbox"/><br><b>Swimming</b> <input type="checkbox"/><br><b>Other</b> _____ <input type="checkbox"/> |

|  |              |                    |  |
|--|--------------|--------------------|--|
| <b>Date of Birth</b>                         | (dd/mm/yyyy) | <b>Male/Female</b> |  |
| <b>Address</b>                               |              |                    |  |
| <b>Other Contact Details (Tel/Fax/Email)</b> |              |                    |  |
| <b>Parent/Guardian</b>                       |              |                    |  |
| <b>Address</b>                               |              |                    |  |
| <b>Other Contact Details (Tel/Fax/Email)</b> |              |                    |  |
| <b>Relationship</b>                          |              |                    |  |
| <b>School details – Contact Person</b>       |              |                    |  |
| <b>School name and address</b>               |              |                    |  |
| <b>Other contact details (Tel/Fax/Email)</b> |              |                    |  |

Office Use only

|                             |     |
|-----------------------------|-----|
| <b>Registration Number:</b> | AUS |
| <b>Received:</b>            |     |
| <b>Registration Fee:</b>    |     |



**ATHLETE'S NAME:**

*This page to be completed by the athlete's representative*

## DECLARATIONS AND PERMISSION TO USE INFORMATION

All athletes must sign or place their mark. If the athlete is under 18, or if the athlete is without legal competency to sign, the second part should also be signed by the athlete's parent or legal guardian.

### ATHLETE DECLARATION (All Athletes must complete, by ✓ each box and signing below)

By signing this declaration I am saying that:

- a) I understand the eligibility criteria to compete as an athlete with intellectual disability.
- b) I acknowledge that I have read, or have had the opportunity to read, the Sport Inclusion Australia [Privacy Policy](#) and I consent to Sport Inclusion Australia collecting, storing, using and disclosing my personal and sensitive information in accordance with that Privacy Policy.
- c) I give Sport Inclusion Australia permission to use this information to decide whether I am a person with intellectual disability for eligibility and sports classification and to share this information with relevant organisations including, but not limited to, National Sport Organisations.
- d) As far as I know, all the information in my application is true and accurate.
- e) I understand what the information in this form is being used for, or I have had this explained to me.

Please see our [Privacy Policy](#) for further information about how Sport Inclusion Australia collects, stores, uses and discloses personal and sensitive information. The Privacy Policy is available on our website: [sportinclusionaustralia.org.au/governance/](http://sportinclusionaustralia.org.au/governance/)

\_\_\_\_\_  
(Athlete's Signature or identifying mark)

\_\_\_\_\_  
(Date)

### PARENT OR LEGAL GUARDIAN (only if the athlete is under 18 or over 18 and without legal capacity to give consent)

By signing this declaration I am saying that the athlete named above is less than 18 years or without legal capacity to sign on their own behalf. I understand the above declarations and have the legal right to sign on behalf of this person.

\_\_\_\_\_  
Signature + print name

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Relationship to Athlete

### Sport Inclusion Australia NEWSLETTER

Subscribe to the Sport Inclusion Australia newsletter?

No

Yes

Email address \_\_\_\_\_

**ATHLETE'S NAME:**

*This page to be completed by the Professional/Expert in the area of intellectual disability*

**PART 2: PRIMARY ELIGIBILITY**

In my capacity as a professional with expertise in assessment/diagnosis of intellectual disability, I certify that the above named athlete is a person with intellectual disability as defined by the World Health Organisation. My statement is based on assessment results that show the athlete has: (please ✓ all that apply)

|   | Yes | No |
|---|-----|----|
| Significant impairment in intellectual functioning (see guidelines for eligibility criteria)  |     |    |
| Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills (see guidelines for eligibility criteria) |     |    |
| Intellectual disability evident during the developmental period, which is from conception to 22 years of age  |     |    |

**EVIDENCE ATTACHED:**

|  |  |
|--|--|
| IQ and Adaptive Behaviour Test (if available)  |  |
| Other evidence attached (please state details) |  |

**PROFESSIONAL ENDORSEMENT**

|                             |   |
|-----------------------------|---|
| Name                        | _____   |
|                             | (Last Name or Family Name) (First Name or Given Name) |
| Signature                   |   |
| Professional Qualifications | <b>Psychologist Registration Number</b> _____         |

Contact Details

Date

|  |
|--|
|  |
|  |

**ATHLETE'S NAME:**

*This page to be completed by Sport Inclusion Australia personnel*

**PART 3: ORGANISATIONAL**

I have read the preceding information. The information provided is complete and accurate to the best of my knowledge and I know of no reason why the athlete should not be considered for inclusion in the Sport Inclusion Australia Athlete Database.

**Name of Virtus National Member Organisation**

**Sport Inclusion Australia**

**President or Secretary  
General**

.....

**Signature**

**Robyn J Smith**

**Printed Name**

**Chief Executive Officer**

**Position**

.....

**Date**

**Seal**

**PART 4: ATTACHMENTS/CHECKLIST**

|                          |  |  |
|--------------------------|--|--|
| Form and all attachments |  |  |
| Evidence                 | <ul style="list-style-type: none"> <li>• Appropriate evidence of intellectual disability attached</li> </ul>   |  |
| Additional Attachments   | <ul style="list-style-type: none"> <li>• 1 photo (with athletes name on the back)</li> </ul>   |  |
|                          | <ul style="list-style-type: none"> <li>• Photographic identification (student card) if possible</li> </ul>   |  |
|                          | <ul style="list-style-type: none"> <li>• Registration Fee Students \$25 <b>This will be invoiced once the application has been approved</b></li> </ul> |  |
| Endorsements             | <ul style="list-style-type: none"> <li>• Professional Statement</li> </ul>   |  |
|                          | <ul style="list-style-type: none"> <li>• Member Organisation</li> </ul>  |  |

**In order to avoid delays, please check carefully to ensure that all parts of the form have been completed, and all necessary evidence has been attached.**

Please send forms back to the Sport Inclusion Australia office either by mail 15 Latimer Street Benalla Victoria 3672 or by email [eligibility@siasport.org](mailto:eligibility@siasport.org).

**Please note if sending via email only pdf forms and evidence will be accepted. Photos can be sent through as jpg files.**

**Please DO NOT send any forms or evidence through as jpg files.**

## CHECKLIST & CONTACT LIST

Completed forms and attachments to be forwarded to Sport Inclusion Australia as indicated above. If there is some problem, please contact your State/Territory Member organisation listed below for further assistance.

Victorian Athletes:

Sport Inclusion Australia  
15 Latimer Street  
BENALLA Vic 3672  
03 5762 7494



South Australian Athletes:

Sport Inclusion Australia  
15 Latimer Street  
BENALLA Vic 3672  
03 5762 7494



Queensland Athletes:

Life Stream Australia  
88 Newnham Road  
MT GRAVATT QLD 4122  
07 3155 7030



New South Wales Athletes &  
Australian Capital Territory Athletes

Sports Inclusion NSW & ACT  
8 Benbow Close  
STANHOPE GARDENS NSW 2768  
0413 978 957



Northern Territory Athletes:

Total Recreation  
GPO Box 3217  
DARWIN NT 0801  
08 8981 3686



Tasmanian Athletes:

New Horizons Tasmania  
PO Box 49  
MOWBRAY TAS 7248  
03 6326 3344



Western Australian Athletes:

Inclusion Solutions  
PO Box 1279  
INNALOO WA 6918  
08 9201 8900



# II-1 School Sport Eligibility

## Fact Sheet



### About Sport Inclusion Australia

Sport Inclusion Australia is a national sporting organisation established in 1986 to support the inclusion of people with an intellectual impairment – including intellectual disability and/or autism – into the mainstream community through sport. We are the national organisation responsible for processing eligibility applications for athletes with an intellectual impairment.

### What Is II-1 Eligibility?

Eligibility is the set of criteria used to determine whether an athlete with an intellectual disability meets the requirements to compete as an II-1 athlete in designated events. To be eligible, the required evidence must be provided.

#### II-1 Intellectual Disability

To be eligible, you must meet all three of the following:

##### 1. Intellectual Functioning

- An accepted IQ assessment with a score of 75 or below
- Accepted assessments include: WISC (6-16), WAIS (16-90), Stanford-Binet (2+), or Raven progressive Matrices

##### 2. Adaptive Behaviour

- Significant limitations in adaptive behaviour as shown in conceptual, social, and practical life skills
- Documented using recognised assessments such as: Vineland, ABAS, AAMR Adaptive Behaviour scales or similar

##### 3. Developmental Onset

- The intellectual disability must have been evident during the developmental period (from conception to 22 years of age) and early diagnosis reports or school history must be included)

## What Do I Need To Submit?

- ✓ Athlete II-1 Registration and School Sport Eligibility Application Form which includes page 3 completed and signed by psychologist or guidance officer
- ✓ Psychological Assessment including IQ and adaptive behaviour report
- ✓ One passport-style photo sent through as a .jpg file
- ✓ Registration fee: \$25. This will be invoiced once the application has been endorsed

## How Do I Apply?

- Visit the website: [www.sportinclusionaustralia.org.au](http://www.sportinclusionaustralia.org.au)
- Click the 'Eligibility' page
- Scroll to the 'Eligibility Applications' section
- View the II-1 Eligibility Group
- Download the II-1 School Sport Eligibility Form and Guidance Notes

Complete and submit form to Sport Inclusion Australia:

✉ Email: [eligibility@siasport.org](mailto:eligibility@siasport.org)

☎ Phone: 03 5762 7494



**Sport Inclusion**  
**AUSTRALIA**