

### Personal Information

Full Name:						
Address 1:						
Address 2:						
Address 3:			Postcode:			
Home Phone:			Mobile Phone:			
Email:						
Date of Birth:			Age:			
Curling Club:						
Eligible for Home Nation Team:	<b>Yes</b>	<b>No</b>	Nation:	British Passport Holder:	<b>Yes</b>	<b>No</b>

### Emergency Contact Information

Full Name:			
Home Phone:		Mobile Phone:	
Email:			
Relationship:			

### Consent

I consent for this information to be seen by Head and Assistant Wheelchair Coaches of British Curling	<b>Yes</b>	<b>No</b>
I consent for this information to be shared with consultant support service practitioners from the sportsotland Institute of Sport (SIS) by British Curling for information clarification	<b>Yes</b>	<b>No</b>
I acknowledge that there is no direct support offered by SIS as a result of completion of this application form	<b>Yes</b>	<b>No</b>
I acknowledge that this information is to remain confidential in accordance with DATA Protection Act by British Curling	<b>Yes</b>	<b>No</b>

### Classification

I have read the World Curling Federation (WCF) Classification Rules for Wheelchair Curling	<b>Yes</b>	<b>No</b>
I have read the International Paralympic Committee (IPC) International Standard of Eligible Impairments	<b>Yes</b>	<b>No</b>
Do you have any reason/concerns to your knowledge that you may not meet the WCF & IPC Classification Criteria?	<b>Yes</b>	<b>No</b>

### Classification Cont'd

I am eligible to compete in wheelchair curling due to:	Please delete where applicable	
<ul style="list-style-type: none"> <li>Loss of power (eg – spinal injury, poliomyelitis, transverse myelitis, spina bifida, polyneuropathy)</li> </ul>	<b>Yes</b>	<b>No</b>
<ul style="list-style-type: none"> <li>Lower limb deficiency (eg – amputations)</li> </ul>	<b>Yes</b>	<b>No</b>
<ul style="list-style-type: none"> <li>Hypertonia (eg – cerebral palsy, increase spasms)</li> </ul>	<b>Yes</b>	<b>No</b>
<ul style="list-style-type: none"> <li>Loss of co-ordination (eg – multiple sclerosis)</li> </ul>	<b>Yes</b>	<b>No</b>
<ul style="list-style-type: none"> <li>Restricted motion in joints</li> </ul>	<b>Yes</b>	<b>No</b>
<ul style="list-style-type: none"> <li>Combination of one or more of the above reasons</li> </ul>	<b>Yes</b>	<b>No</b>
<ul style="list-style-type: none"> <li>Other (please specify)</li> </ul>		
Have previously undergone the international classification process for wheelchair curling?	<b>Yes</b>	<b>No</b>
<ul style="list-style-type: none"> <li>If yes, what class?</li> </ul>	<b>WC-E</b> Wheelchair Curling Eligible	<b>WC-NE</b> Wheelchair Curling Non-Eligible
<ul style="list-style-type: none"> <li>If yes, what status?</li> </ul>	<b>Confirmed</b>	<b>Review</b>
Have you previously undergone international classification for another Paralympic/international disability sport?	<b>Yes</b>	<b>No</b>
<ul style="list-style-type: none"> <li>If yes, please detail which sports</li> </ul>		
Have you previously failed to achieve international classification for another Paralympic/international disability sport?	<b>Yes</b>	<b>No</b>
<ul style="list-style-type: none"> <li>If yes, please provide any detail you can</li> </ul>		

### Medical Information

The following questions are to ensure safe participation and allow coaches and support some idea of your needs for effective participation. This following questions are voluntary, but of significant use to the staff involved with British Curling (Paralympic Programme).

**Medical Information – Do you have any ongoing medical conditions?**

Asthma (Please add any details below)	<b>Yes</b>	<b>No</b>
Do you cough, wheeze or have difficulty breathing during or after exercise? (Please add any details below)	<b>Yes</b>	<b>No</b>
Have you ever used an inhaler or taken asthma medication? (Please add any details below)	<b>Yes</b>	<b>No</b>
Do you cough, wheeze or have difficulty breathing during or after exercise? (Please add any details below)	<b>Yes</b>	<b>No</b>
Anaemia (Please add any details below)	<b>Yes</b>	<b>No</b>
Diabetes (Please add any details below)	<b>Yes</b>	<b>No</b>
Infection (Please add any details below)	<b>Yes</b>	<b>No</b>
Cardiac Issues (Please add any details below)	<b>Yes</b>	<b>No</b>
Other (Please add any details below)	<b>Yes</b>	<b>No</b>

**Medical Information – Please list all medications you are currently taking or have taken ongoing in the last year (especially if a Therapeutic Use Exemption form is required)?**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

**Medical Information – Please list any medical issues you may be aware of (include all diagnoses, surgical procedures, significant injuries and dates if possible, starting with the main reason for being a wheelchair user)?**

1.	Date:
2.	Date:
3.	Date:
4.	Date:
5.	Date:
6.	Date:
7.	Date:
8.	Date:
9.	Date:
10.	Date:

**Curling Experience (please detail any relevant information)**

**Physical Activity (please detail for an average week)**

**Relevant Information (please detail any other info that may be useful to selectors)**