

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:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nation:	British Passport Holder:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Emergency Contact Information

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

Consent

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

Application Information

I have read the British Curling Paralympic Athlete Commitment Document	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please indicate which level of the Paralympic Programme you would like to be considered for (x all that apply)	Performance <input type="checkbox"/>	Performance Foundation <input type="checkbox"/>

Classification

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

Please detail any relevant information regarding Classification

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?

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

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:

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)

