

BEFORE YOU BEGIN

What is Classification?

Classification is an assessment process, which allows us to group athletes whose impairment causes similar limitations in a particular sport in order to allow for fair competition.

What is Provisional National 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 Shooting classification system. This provisional classification must be given by a certified medical classifier, and is conducted in line with International classification rules for Shooting Para Sport.

A provisional classification is generally not valid for state 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 rankings and records or 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. Please leave the Classification Outcome Section blank. This is to be filled in by a trained classifier.

STEP 2. Complete SECTION 2: Shooting Athlete Evaluation Sheet (Provisional Shooting 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 3. Complete SECTION 4: Application Submission

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

SHOOTING PARA SPORT PROVISIONAL CLASSIFICATION PACK

SECTION 1: ATHLETE DETAILS and INFORMED CONSENT (Athlete to complete)		
Surname:	First Name:	
Address:		
Suburb:	State:	Postcode:
Phone:		
E-mail:		
Date of Birth: ___/___/_____	Gender: M / F	

Classification Outcome (Classifier must complete):			
Sport	Shooting		
Class	Pistol	Rifle	Shotgun
	<input type="checkbox"/> Eligible: Class: ____ <input type="checkbox"/> Not Eligible (NE)	<input type="checkbox"/> Eligible: Class: ____ <input type="checkbox"/> Not Eligible (NE)	<input type="checkbox"/> Eligible: Class: ____ <input type="checkbox"/> Not Eligible (NE)
Status	Pistol Status	Rifle status	Shotgun status
	<input type="checkbox"/> Provisional Review	<input type="checkbox"/> Provisional Review	<input type="checkbox"/> Provisional Review
<i>NOTE: Athletes are to attend face to face opportunity at earliest availability for National Level Classification.</i>			
Diagnosis			
Impairment Type	<input type="checkbox"/> Hypertonia <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Limb Deficiency <input type="checkbox"/> Impaired Passive Range of Movement <input type="checkbox"/> Impaired Muscle Power <input type="checkbox"/> Leg Length Difference		
Classifier (Print Name)			Date

Office Use Only <input type="checkbox"/> Consent Form signed <input type="checkbox"/> Athlete provided with copy of this result sheet on ___/___/_____ <input type="checkbox"/> Entered on Masterlist on ___/___/_____
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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 Shooting 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 Shooting 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-sport 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 access my personal and classification data

I have a right to access and correct the Personal and Classification Data that Shooting Australia holds about me under data protection law by contacting Shooting Australia.

I have the right to request a copy of the classification data held by Shooting Australia.

The right to challenge a classification decision or process

Any dispute, such as protest or appeal, should be done through the appropriate channels in line with the classification rules.

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: Shooting Athlete Evaluation Sheet

This form is for Shooting 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 Shooting Classifier to determine a Provisional Shooting Classification.

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
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2. Medical Professional to complete:

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

The medical professional will complete a range of physical measures and tests and record the results on the sheet where required.

This form is divided into sections relevant to an athlete's specific impairment.

Medical Professionals should only complete the parts of the form that relate to the athletes impairment.

Section 2b	To be completed for ALL athletes
Section 2c	To be completed for athletes with Hypertonia / Ataxia / Athetosis
Section 2d	To be completed for athletes with impairment in Muscle Power or Passive Range of Movement
Section 2e	To be completed for athletes with limb loss, limb deficiency, or leg length difference.
Section 2f	To be completed for ALL athletes

3. Sections to leave blank:

Section 3	Sections highlighted in yellow and marked for the authorised classifier to complete should be left blank.
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SHOOTING PARA SPORT PROVISIONAL CLASSIFICATION PACK

SECTION 2a ATHLETE PERSONAL and SPORT DETAILS (to be completed by the Athlete)			
Classification Requested	<input type="checkbox"/> Rifle	<input type="checkbox"/> Pistol	<input type="checkbox"/> Shotgun
Family Name			
Given Name			
Date of Birth			
State		Gender	MALE / FEMALE
TRAINING AND COMPETITION HISTORY			
Years involved in Shooting			
Training sessions per week (Shooting)			
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			
<input type="checkbox"/> Congenital	<input type="checkbox"/> Acquired	If acquired, provide date / /	
Progressive / Changing <input type="checkbox"/> Yes <input type="checkbox"/> No			
Eligible Impairment Type(s)			
<input type="checkbox"/> Impaired Muscle Power	<input type="checkbox"/> Impaired passive range of movement	<input type="checkbox"/> Limb deficiency	<input type="checkbox"/> None
<input type="checkbox"/> Ataxia*	<input type="checkbox"/> Athetosis*	<input type="checkbox"/> Hypertonia*	
<input type="checkbox"/> Leg Length Difference#	*not eligible for shotgun		#not eligible for pistol or rifle
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 this section for Athletes with Hypertonia/Ataxia/Athetosis

Spasticity – Record grade and distribution using Modified Ashworth Scale (MAS)

0: No increase in muscle tone

1: Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end of the range of motion when the affected part(s) is moved in flexion or extension

1+: Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the ROM

2: More marked increase in muscle tone through most of the ROM, but affected part(s) easily moved

3: Considerable increase in muscle tone, passive movement difficult

4: Affected part(s) rigid in flexion or extension

Athletes with Hypertonia (Dystonia/Spasticity/Rigidity) /Ataxia/Athetosis:

Babinski	Yes	No	Left	Right
Clonus (> 4 beats, repeatable)	Yes	No	Left	Right
Reflexes UL	Brisk/Different	Normal	Left	Right
Reflexes LL	Brisk/Different	Normal	Left	Right
Spasticity UL	Left =		Right =	
Spasticity LL	Left =		Right =	

Dominant Side: Left Right

Dominant neurological presentation

Hypertonia Athetosis Ataxia Dystonia Other

Upper limb co-ordination tests	Description (circle any applicable)	
Finger chase test	Symmetrical Smooth	Asymmetrical Lack of coordination
Finger – Nose – Crucifix	Symmetrical Smooth	Asymmetrical Evidence of Ataxia
Fast hand Pronation / Supination	Symmetrical Smooth	Asymmetrical Evidence of Ataxia
Lower limb co-ordination tests	Description	
Tip Toe Walking	Symmetrical	Asymmetrical
Heel Walking	Symmetrical	Asymmetrical
Single Leg Stance (secs)	Left: _____	Right: _____
Tandem Walk	Symmetrical Smooth	Asymmetrical Evidence of Ataxia
Heel – Shin Slide	Symmetrical Smooth	Asymmetrical Evidence of Ataxia

SECTION 2d: Medical Professional to complete this section for Athletes with Impaired Muscle Power or Impaired Passive Range of Movement

Muscle Power is assessed as per the ASIA Classification International Standards

SHOOTING PARA SPORT PROVISIONAL CLASSIFICATION PACK

- Completed Athletics Classification Evaluation Sheet (Section 2)
- Attach medical documentation if available, from your medical specialist that outlines your diagnosis. If you have limb loss, you may submit a photo.

SUBMITTING APPLICATION

Submit completed forms via email or post to

Shooting Australia

POST: 28 Greenhill Road, Wayville, South Australia 5034
EMAIL: classification@shootingaustralia.org
FAX: Fax: +61 8 8177 1914

Your completed application will be reviewed by an accredited National Shooting 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 Shooting Australia confirming your Provisional Classification outcome. Your outcome will also be added to the Shooting Australia Classification Masterlist.

For further information and enquiries please contact:

Shooting Australia
Phone: +61 8 8177 1860
Email: classification@shootingaustralia.org
Website: www.shootingaustralia.org