

EQUESTRIAN AUSTRALIA CLASSIFICATION REQUEST

Who can request Equestrian Australia Classification?

An athlete with physical impairment(s) can lodge a request to undergo a Classification Evaluation for the competing in Equestrian Australia (EA) Para Equestrian competition.

Athletes with a vision impairment must apply for classification via Paralympics Australia

(<https://www.paralympic.org.au/vi-request-for-classification>). Athletes with intellectual impairment may apply through Spot Inclusion Australia (<https://sportinclusionaustralia.org.au/eligibility-application>).

Eligibility Requirements

All athletes with physical impairment(s) who intend to be classified must provide an EA Medical Diagnostic Form stating their full medical diagnosis. Each athlete must have an **Eligible Impairment** that leads to permanent and verifiable activity limitation which can be measured objectively through the classification process. Athletes with a minimal impairment must meet the Para Equestrian **Minimal Impairment Criteria** to compete in Para Equestrian Events. Eligible impairments include:

- *Hypertonia; ataxia; athetosis*
- *Impaired passive range of movement*
- *Impaired muscle power*
- *Limb deficiency*
- *Leg length difference*
- *Short stature*
- *Vision impairment**

* Athletes with a vision impairment must apply for classification via Paralympics Australia

(<https://www.paralympic.org.au/vi-request-for-classification>).

The Classification Process

All athletes with impairment who intend to enter EA Para Equestrian competitions must proceed through the Classification procedure as below:

Step 1.	<p>Athlete applies to EA requesting a Classification evaluation for Para Equestrian Competition.</p> <p>The application <u>must</u> include:</p> <ul style="list-style-type: none"> • The EA Classification Online Request Form (https://forms.office.com/r/cUmViqwkTx) • Acknowledgement of EA Consent for Classification • A completed EA Medical Diagnostic Form and any additional supporting medical documentation <p>All documentation provided must be legible</p>
Step 2.	<p>All documentation is forwarded by EA to determine if the athlete meets the Eligibility Criteria described above.</p>
Step 3.	<p>EA will make a decision a, b, or c:</p> <ul style="list-style-type: none"> a. Request further information from the athlete in regard to the diagnosis and impairment. This request may include additional medical documentation such as reports or copies of medical investigations. EA will then make a decision as per b) or c). b. Approve the request (Eligible for Classification) c. Not approve the request (Not Eligible for Classification)
Step 4.	<p>EA will inform the athlete of the final decision in writing and if the Request for Classification has not been approved the reason.</p>

Step 5.	If approved for classification, EA will notify the athlete of the next opportunity planned for their state.
Step 6.	Athlete attends Classification and undergoes evaluation by a Classification Panel. The athlete has the right to have another member of EA present.
Step 7.	The athlete's classification assessment is sent to EA for approval.
Step 8.	Within six weeks of the classification assessment the athlete is notified in writing of the outcome, including their Grade and Profile, if applicable. Classified athletes are added to the EA Master List (https://www.equestrian.org.au/content/para-equestrian-classification).

If documents are not received within a reasonable time frame prior to a scheduled classification opportunity, that is **six weeks prior**, the athlete may not be approved to be classified.

MEDICAL DIAGNOSTIC FORM FOR EQUESTRIAN AUSTRALIA PARA EQUESTRIAN CLASSIFICATION

The person named below is required to undergo Para Equestrian Classification to compete at National level of their chosen sport. During the classification process the approved Classifier (physiotherapist or medical doctor) will assess their physical Impairment as relevant to the requirements for riding or driving a horse. Each athlete must have an Eligible Impairment that leads to permanent and verifiable activity limitation which can be measured objectively through the classification process.

Relevant and appropriate medical documentation is essential to the process of Classification of Athletes for International Para Equestrian Competition. Confirmation of the medical diagnosis and a summary of results of relevant medical investigations to support the diagnosis and resulting impairment/s is required. In some instances, a copy of a report or additional diagnostic evidence from a medical specialist e.g. neurologist, is also required.

Information disclosed on this form will be stored confidentially by EA in accordance with the [FEI Classification Rules](#).

Please fill in electronically or print clearly and return to: paraequestrian_pathways@equestrian.org.au.

Athlete's Details

To be completed by the Athlete applying for classification or their representative

First Name:		Family Name:		
Gender:	<input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Man <input type="checkbox"/> Other _____	Date Of Birth:		
Address:				
City:		State:		Postcode:
Mobile No:		E-mail:		
I hereby consent to the information below being released to EA for Para Equestrian Classification.				
Signature:			Date:	

MEDICAL DETAILS

This section **MUST** be completed by a Doctor of Medicine only.

Please attach a separate sheet or report if insufficient space.

Name of Applicant	
Medical Diagnosis (Health Condition/s):	

Medical Diagnostic Report and Physical Examination results (e.g. ASIA scale for spinal cord injury; X-ray report; MRI; CT; muscle biopsy; nerve conduction) Attach if possible.			
Primary impairment/s arising from the Medical Diagnosis (Health Condition):			
<input type="checkbox"/> Impaired muscle power	<input type="checkbox"/> Ataxia	<input type="checkbox"/> Leg length difference	
<input type="checkbox"/> Impaired passive range of motion	<input type="checkbox"/> Athetosis	<input type="checkbox"/> Limb deficiency/Loss	
<input type="checkbox"/> Short stature (height: ____ cm)	<input type="checkbox"/> Hypertonia		
Medical Condition is:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Stable	<input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating
Year of onset: ____ (yyyy)		<input type="checkbox"/> Congenital (birth)	
Other information concerning therapeutic or pharmaceutical interventions or surgeries (with date) relevant to their impairment:			
Presence of additional health conditions or diagnoses:			
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Pain	
<input type="checkbox"/> Intellectual Impairment	<input type="checkbox"/> Psychological diagnoses		
<input type="checkbox"/> Joint Hypermobility/Instability	<input type="checkbox"/> Other		

Doctor's Name:			
Medical Speciality:			
Address:			
City:		State:	
Phone:		Email:	
I hereby confirm that the above information is accurate.			
Signature:		Date:	