Classification Request Form for FEI Para-equestrian Competition



Who can request FEI Classification?

A National Federation can lodge a request for an athlete with impairment to undergo a Classification Evaluation for the purpose of the competing in FEI Para Equestrian competition.

Eligibility Requirements

All Athletes with a disability who intend to be classified must produce a Certificate of Diagnosis 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.

Those Athletes with a minimal Impairment must meet the Para-Equestrian **Minimal Impairment Criteria** in order 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.

The Classification Process

All Athletes with impairment who intend to enter FEI Para-Equestrian competitions must proceed through the Classification procedure as below:

Step 1.	Athlete applies through their NF to the FEI requesting a Classification evaluation for PE Competition. The application <u>must</u> include: The FEI Classification Request Form Completed and signed FEI Consent for Classification FEI Certificate of Diagnosis Form and any additional supporting medical documentation					
Step 2.	All documentation is forwarded by the FEI HQ to the Classification Working Group to determine if the athlete meets the Eligibility Criteria described above.					
Step 3.	 The FEI Classification Working Group will make a decision a, b, or c. a. Request further information through the athlete's NF in regards to support the diagnosis and impairment. This request may include additional medical documentation such as reports or copies of medical investigations. FEI will request the additional information from the NF and forward to the CWG for a decision (b or c) to be made. b. Approve the request c. Not approve the request 					
Step 4.	The FEI will inform the NF of the final decision in writing and if the Request for Classification has not been approved the reason					
Step 5.	The FEI will inform: The NF at which competition the athlete evaluation can occur The OC for the competition of athletes to be scheduled for classification The Chief Classifier and ensure the classifiers have access to the medical documentation for the athlete					
Step 6.	Athlete attends competition and undergoes evaluation by a Classification Panel with a member of the Athlete's NF present					
Step 7.	The Athlete's classification is sent to the FEI Classification Working Group for approval. Once approved the Athlete's details are added to the FEI Classification Master List					

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Making a FEI Classification Request

The Classification request must be made by the Athlete's NF and include:

- 1. The FEI Classification Request Form, completed legibly and in English;
- 2. FEI Consent for Classification Form

Athlete's National Federation (NF)

3. FEI Certificate of Diagnosis and any additional medical documentation that demonstrates the athlete's impairment. All documentation provided **must be in English**.

The Classification request must be received by the FEI at least <u>6 weeks</u> before the next international competition where the athlete intends to compete.

The Organising Committee for the international competition where the athlete will be evaluated will charge a non-refundable fee of 40 EUR or equivalent at the time of entry.

FEI Classification Request Form (to be completed in English)

Athlete	Details							
Last na	me:							
First na	me:							
Address	S:							
Town:								
Country:					Zip/Post cod			
Date of	Birth:			Gender:			☐ Male ☐ Female	
Does the Athlete have National Cla			assification:		□ No	☐ Yes		
If yes	Date:			Grade:	ə:		Grade Status:	
Next scheduled international competition/s (3* or 4*) offering athlete evaluation for FEI classification the athlete is <i>able</i> to attend, at their own cost:								
Competition name:						Date:	Click here to enter a	
Location (City and country):						•		
Competition name:						Date:	Click here to enter a	
Location (City and country):		d country):						
Competition name:						Date:	Click here to enter a	
Location (City and country):						•		

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NF Verification

NF contact person submitting the FEI Classification Request Form on behalf of the athlete

NF:	Name	
Role:		
E-Mail:		
Signature:		
Date:		

Requests are to be submitted by the Athlete's NF for approval by the FEI Classification Working Group and sent by email to:

The FEI Administrator

Para Equestrian Dressage Department

At the FEI Headquarters

Before sending this form to the FEI please ensure the following:

FEI Classification Request Form completed and signed by the NF

FEI Consent for Classification completed and signed (by the athlete) is attached FEI Certificate of Diagnosis Form completed and signed (by the athlete and the medical doctor) and any addition supporting medical documentation is attached							
For FEI use only							
Date FEI Classification Request Form and documentation received: Click here to enter a date.							
Date submitte	d to FEI Classi		Click here to enter a date.				
Decision 1:	Choose an item. Date			Click here to enter a date.			
Reason:							
Date NF notifie	ed by FEI:						
If Decision 1 v	vas to request	further information, please compl	ete infor	mation below			
Date further information and documentation received by FEI: Click here to enter a date.							
Date submitte	d to FEI Classi		Click here to enter a date.				
Decision 2:	Choose an iten	٦.	Date:	Click here to enter a date.			
Reason:							
Date NF notifie	ed by FEI:	Click here to enter a date.					
If approved:							
Athlete to be o	classified at:		Date:	Click here to enter a date.			