

FEI CLASSIFICATION REQUEST FORM

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 an FEI 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. Those 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.

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, at least 6 weeks before the Classification event. The application <u>must</u> include: <ul style="list-style-type: none"> • The FEI Classification Request Form • Completed and signed FEI Consent for Classification • FEI/IBSA Medical Diagnostic Form and any additional supporting medical documentation All documentation provided must be in English
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. <ul style="list-style-type: none"> 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 (Eligible for Classification) c. Not approve the request (Not Eligible for Classification)
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 Chief Classifier of the event 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 and has the right to have 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

The Classification request must be received by the FEI **at least 6 weeks before** the next international competition where the athlete intends to compete. If documents are not received within a reasonable time frame the athlete may not be approved to be classified at the requested event.

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

Please fill in electronically or print clearly. Form must be completed in English.

Athlete's National Federation (NF)	
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Athlete Details

Last name:			
First name:			
Address:			
Country:			
Email address:		Zip/Post code	
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Does the Athlete have National Classification:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes	Date:	Grade:	Grade Status:

Next scheduled international competition offering FEI Classification the athlete is *able* to attend, at their own cost:

Competition name:		Date:	
Location (city and country):			

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 to the [FEI Para Equestrian Department](#) for approval by the FEI Classification Working Group. Incomplete, not legible or incorrect forms will be returned to the NF for completion and therefore can delay approval for the athlete.

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

- ☐ **FEI Classification Request Form completed** and **signed by the NF**
- ☐ **FEI Consent for Classification** (use the current form available on the FEI website) completed and signed (by the athlete)
- ☐ **FEI Medical Diagnostic Form** (use the current form available on the FEI website) completed and signed (by the athlete and the medical doctor) and any addition supporting medical documentation included.

MEDICAL DIAGNOSTIC FORM FOR FEI PARA EQUESTRIAN CLASSIFICATION

The person named below is required to undergo Para Equestrian Classification to compete at International 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 the FEI in accordance with the FEI Classification Rules.

For FEI Classification this information must be provided in English or an authorised translation provided.

Please fill in electronically or print clearly.

Athlete's Details

To be completed by the Athlete applying for classification

First Name		Family Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth		
Address				
City		Zip/Postcode		Nation
Telephone No		E-mail		
I hereby consent to the information below being released to the FEI 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: ☐Permanent ☐Stable ☐Progressive ☐Fluctuating

Year of onset: _____(yyyy) ☐ 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 | |

Doctors Name			
Medical Speciality			
Address			
City		Country	
Phone		Email	
I hereby confirm that the above information is accurate.			
Signature		Date	

CONSENT FOR CLASSIFICATION

1. I agree to undergo the Athlete Evaluation process detailed in the FEI Para Equestrian Classification Rules and administered by a designated FEI Classification Panel. I understand that this process may require me to participate in sport-like exercises and activities which may include me being observed whilst competing/riding. I understand that there is a risk of injury in participating in exercises and activities. I confirm that I am healthy enough to participate in Athlete Evaluation. I understand I may be required to undergo Athlete Evaluation on more than one occasion.
2. I understand that I must comply with the requests made by the Classification Panel. This includes providing sufficient documentation so as to allow a Classification Panel to determine whether I comply with the eligibility requirements for the FEI. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Grade (Sport Class) being allocated to me and therefore I will not be allowed to compete at FEI Competitions until a Grade is allocated to me.
3. I understand that Athlete Evaluation requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities and/or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action by the FEI (Refer FEI General Regulations –Article 161).
4. I understand that Athlete Evaluation is a judgment process and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the Protest process as defined in the Classification Regulations.
5. I agree to be videotaped and photographed during the Athlete Evaluation process, for the purpose of allocating a Grade, and that this may include my activity on and off the field of play during the Competition.
6. I agree and consent to the FEI maintaining and processing my personal classification data in any format, including my full name, country, date of birth, sport, Grade (Sport Class), Grade Status and relevant medical information. I agree and consent to my name, country and Grade (Sport Class) and Grade Status being published by the FEI and shared with third parties such as Competition Organising Committees.
7. I agree to the FEI providing details of my Athlete Evaluation to my National Federation if requested
8. I understand the FEI may use deidentified classification data to assist in developing the Classification system
9. I understand that if the FEI wishes to use my personal classification information for a specific purpose such as educational or promotional activities, my consent will be sought beforehand and that I may withdraw this consent at any time.

Please complete in English:

Name		Date of Birth	
Have you ever applied for FEI Classification before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?		Date	
What Grade was allocated?			
Signature of Athlete/Guardian/other person responsible			
Print Name		Date	