



INTERNATIONAL SPORTS FEDERATION FOR PERSONS WITH INTELLECTUAL DISABILITY

‘ADDITIONAL SPORT’ APPLICATION FORM

**All information must be in English.
Official translations are *strongly advised*.**

Contents:

1. Notes
2. Athlete Application for Registration Form (Part I-III)

JUNE 2008 VERSION 1

1. Introduction

This form should be used to register athletes for additional sports/competition sanctioned by INAS FID – the International Federation for Intellectual Disability Sport, in addition to their main sport/registration. A copy of this form should be completed for each sport in which an athlete wishes to compete.

Only athletes who hold an INAS registration, or have applied on the full 'April 2005' form should use this form and it is not necessary to re-submit evidence of learning disability.

Please follow the instructions carefully and complete form in full as incomplete applications will be returned.

2. Sport Information & Consequences Questionnaire (SICQ)

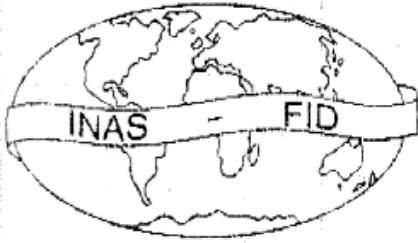
Sections I through III, which are specific to sport consequences, must be completed by the athlete's primary coach. Coaches are strongly encouraged to write a supporting letter that clearly describes how the athlete's intellectual disability affects his/her sport participation.

All sections of the questionnaire must be completed in full.

The INAS Member Organisation must then sign the application.

When complete, keep a copy of your form and send the original to:

INAS FID
PO BOX 588
Wakefield
WF1 9GA
ENGLAND



International Sports Federation for Persons with Intellectual Disability

'ADDITIONAL SPORT' APPLICATION FORM

To be completed after reading the preceding documentation.

Country	
Main Sport	
Main Sport Registration Number	

<u>Additional Sport</u>		
<u>Athlete's Name</u>		
	(Surname)	(Given Name)
Address		
Other Contact details (Tel/Fax/E-mail)		
Date of Birth		Male/Female
<i>Attach 2 passport size photographs of the athlete</i>		

SPORT INFORMATION & CONSEQUENCES QUESTIONNAIRE (SICQ)

Sections I-III are to be completed by the **athlete's coach**. All questions/items are to be answered by checking (✓) the appropriate boxes (☐), and providing additional information if requested or required. In addition to completing the questionnaire, it is **strongly recommended** that you, the coach, write a letter that explains in your own words how the athlete's intellectual disability makes his/her participation in sport difficult.

SECTION I: BACKGROUND SPORT INFORMATION

1.1 In what sport is the athlete applying for registration?

	Yes
Athletics (track & field)	<input type="checkbox"/>
Basketball	<input type="checkbox"/>
Nordic skiing (Cross-country skiing)	<input type="checkbox"/>
Swimming (aquatics)	<input type="checkbox"/>
Table tennis	<input type="checkbox"/>
Other sport, please specify: _____	<input type="checkbox"/>

1.2 Does the athlete presently or in the future hope to qualify for IPC levels of competition?

	Yes	No
Athletics (track & field)	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Nordic skiing	<input type="checkbox"/>	<input type="checkbox"/>
Swimming (aquatics)	<input type="checkbox"/>	<input type="checkbox"/>
Table tennis	<input type="checkbox"/>	<input type="checkbox"/>

1.3 How long has the athlete been training/competing in the sport for which he/she is applying to register?

	Less than 1 year	1 to 3 years	4 to 6 years	7 + years
Athletics (track & field)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nordic skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming (aquatics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sport, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II: SPORT ACTIVITY LIMITATIONS

Note/Instructions: Included in this section are questions/items designed to determine the effects of an athlete’s intellectual disability on his/her sport. To ensure an accurate profile, it is essential that each question/item be considered in relation to the **athlete’s overall training history—not just their present level in sport development.**

For each question, please indicate whether the item is an ongoing concern, a past concern, or never a concern (by ✓ the appropriate). If an item does not apply to the athlete’s sport, please check (✓) the “does not apply to the sport” box ().

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
2.1 Does the athlete have difficulty learning the skills required for his/her sport?				
- Physical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Movement sequencing & planning skills (i.e., skills that must be completed in a particular order, which required coordination and planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Technical skills of the sport (e.g., serving in table tennis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Strategies of the sport (e.g., pacing, shot selection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rules of the sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Does the athlete have difficulty with self-regulation in learning sport skills?				
- Self-detection of errors in skill learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Self-correction of errors in skill learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Does the athlete have difficulty maintaining sport skill learning?				
- From one training day to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- From one training season to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Are there other sport skills specific to the athlete’s sport, which present learning difficulties (ongoing or in the past)? If yes, please list (attach additional page if necessary):				
<hr/> <hr/>				

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
2.5 Does the athlete have difficulty applying (using/doing) the skills required for his/her sport?				
- Physical skills				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Movement sequencing & planning skills (i.e., skills that must be completed in a particular order, which required coordination and planning)				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Technical skills of the sport (e.g., serving in table tennis)				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Strategies of the sport (e.g., pacing, shot selection)				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rules of the sport				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are other skills specific to the athlete's sport that he/she has ever had difficulty **applying (using/doing) in training or competition**, please list:

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
2.6 Does the athlete have difficulty attending to directions (following directions)?				
- Does he/she follow the coaches instructions during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she obey the decisions of officials (e.g., referees) during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Does the athlete have difficulty managing his/her behaviour (without direct supervision and guidance) in sport?				
- Does he/she have difficulty accurately completing assigned tasks independently (e.g., completing required repetitions, number of laps, warm-up routines) during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she have difficulty ensuring proper nutrition for:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she have difficulty monitoring personal safety during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she have difficulty recognizing or preventing sport injury during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
2.8 Does the athlete have difficulty with the social skills required in sport?				
- Does he/she appropriately interact with team mates during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she appropriately interact with other athletes/competitors during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she appropriately interact with coaches during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she appropriately respond to decisions of officials (referees, line judges) during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she demonstrate "sportsmanship" during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Does the athlete have difficulty with other skills required for sport?				
- Does he/she make appropriate decisions during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she communicate appropriately during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Does he/she have difficulty with motivation during:				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III: PARTICIPATION RESTRICTIONS

Note/Instructions: The questions/items in this section are designed to determine whether there are other factors, in addition to sport activity limitations, that restrict the athlete's participation in sport. All questions/items must be answered by checking (✓) the appropriate box (☐).

The athlete's sport *training* environment

	Yes	No
3.1 Does the athlete have access to a <i>sport training</i> program in his/her sport?	<input type="checkbox"/>	<input type="checkbox"/>
Is the <i>frequency</i> (number of sessions each week) of this training sufficient for maximizing development in the athlete's sport?	<input type="checkbox"/>	<input type="checkbox"/>
Is the <i>intensity</i> (workload per session) of this training sufficient for optimal development in the athlete's sport?	<input type="checkbox"/>	<input type="checkbox"/>
Is the <i>duration</i> (length of training season) of this training consistent with the requirements of high level performance in the athlete's sport?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Does the athlete's sport training program include other athletes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do these other athletes have:		
- Intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>
- Other disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
- No disability at all (non-disabled)?	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Does the athlete have a qualified <i>coach</i> in his/her sport? If yes, does the coach have:	<input type="checkbox"/>	<input type="checkbox"/>
A degree in physical education or sport science from an accredited university?	<input type="checkbox"/>	<input type="checkbox"/>
Nationally recognized education/certification in coaching?	<input type="checkbox"/>	<input type="checkbox"/>
Education/training in coaching athletes with intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>
Nationally recognized education/certification in the technical requirements of the sport they are coaching?	<input type="checkbox"/>	<input type="checkbox"/>
Experience coaching high-level athletes without intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>

The athlete's *competition* environment

	Yes	No
3.4 At what level of competition has the athlete participated?		
- Local (in the athlete's town/city)	<input type="checkbox"/>	<input type="checkbox"/>
- Regional/Provincial/State (in one part of the country)	<input type="checkbox"/>	<input type="checkbox"/>
- National (athletes from all parts of the country)	<input type="checkbox"/>	<input type="checkbox"/>
- International (athletes from other countries in the world)	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Does the athlete directly compete:		
- only with other athletes with intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>
- with athletes with other disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
- with athletes who have no disability at all (non-disabled)?	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Without any special considerations or supports, can the athlete <i>compete on equal terms</i> with <i>athletes without disabilities</i> :		
- at the <i>local</i> level (in the athlete's town/city)?	<input type="checkbox"/>	<input type="checkbox"/>
- at the <i>regional/provincial/state</i> level (in one part of the country)?	<input type="checkbox"/>	<input type="checkbox"/>
- at the <i>national</i> level (athletes from all parts of the country)?	<input type="checkbox"/>	<input type="checkbox"/>
- at the <i>international</i> level (athletes from other countries in the world)?	<input type="checkbox"/>	<input type="checkbox"/>

