Athlete Classification Review Form

This form needs to be completed in full.

First Name:	Surname:
DOB:	
Gender:	
Club:	
Current classification: 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0	
Proposed classification: 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0	

Rationale

Rationale for proposed change in classification (written by Club Classifier).

Rationale

Rationale for proposed change in classification (written by Regional Classifier).

*Please note, references to an athletes' performance will not be considered in any rationale.

Attached documents

Please provide any relevant documents to support the proposed classification, including any reference to medical documentation that may have had a positive impact on the athlete's functional movement.

I can confirm that the above information is accurate

Name of Club Classifier:
Signature:
Date: