

# CLASSIFICATION APPLICATION FORM

In the case of swimmers with a physical disability, classification is based on several factors i.e. muscle strength, movement co-ordination, joint range of movement, limb length and/or height. The swimmers are also required to perform a practical water session, performing all strokes and be accordingly assessed on their ability and then finally be observed in competition.

## Section A

Surname \_\_\_\_\_ First Name \_\_\_\_\_ 2<sup>nd</sup> Initial \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: MALE / FEMALE (Please Circle)

Nationality: \_\_\_\_\_ Home Nation Membership Number \_\_\_\_\_

Club Name: \_\_\_\_\_

## Criteria for classification

The swimmer must be able to do the following before submitting an application for classification:

- ☐ Be able to understand and follow verbal and visual instructions given by the classifiers
- ☐ Be able to swim at least 100m of three strokes fast and a minimum of 5 recognisable strokes of butterfly (where the impairment permits this)
- ☐ Be able to do a face float and back float
- ☐ Be able to rotate from front to back
- ☐ Be confident In deep water

**Please note if a swimmer is unable to do any of the above, the classification will be stopped**

I can confirm that the swimmer can perform all the above to the appropriate level:

**Swim England/Scottish Swimming/Swim Wales Para-Swimming personnel:**

Name: \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Section B Medical Information

Note: *The list of medical diagnoses shows examples and is not exhaustive.*

Eligible Impairment (tick)	Name medical diagnosis relevant to impairment type (tick or add)
<input type="checkbox"/> Impaired muscle power	<input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Polio Myelitis <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Other _____
<input type="checkbox"/> Impaired passive range of motion	<input type="checkbox"/> Arthrogryposis <input type="checkbox"/> Joint Contractures <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____
<input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Hypertonia	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Stroke <input type="checkbox"/> Other _____
<input type="checkbox"/> Leg length difference	<input type="checkbox"/> Trauma <input type="checkbox"/> Dysmelia <input type="checkbox"/> Other _____
<input type="checkbox"/> Short stature	<input type="checkbox"/> Achondroplasia <input type="checkbox"/> Osteogenesis Imperfecta <input type="checkbox"/> Growth Hormone Dysfunction <input type="checkbox"/> Other _____
<input type="checkbox"/> Limb deficiency	<input type="checkbox"/> Dysmelia <input type="checkbox"/> Traumatic Amputation <input type="checkbox"/> Bone Cancer <input type="checkbox"/> Other _____

Primary Impairment/s arising from the Medical Diagnosis:

- |   |  |
|---|--|
| <input type="checkbox"/> Ataxia                           | <input type="checkbox"/> Leg length difference |
| <input type="checkbox"/> Impaired muscle power            | <input type="checkbox"/> Limb deficiency/loss  |
| <input type="checkbox"/> Athetosis                        |  |
| <input type="checkbox"/> Impaired passive range of motion |  |
| <input type="checkbox"/> Hypertonia                       | Short Statue (height _____cm)                  |

Have you had any surgery within the last two years? **YES/NO**

If yes, please give **date(s)** of any surgery, a brief overview and the consultant's discharge date:-

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If you have applied for classification in a second impairment type, i.e. Visual or Intellectual, please provide details of the impairment type, organisation and date of application

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*The data contained in this form contains both what is classed as personal data and special category data under the Data Protection Act 2018 (DPA) and GDPR.*

*British Swimming Limited is a “data controller”. This means that we are responsible for deciding how we hold and use data about you. We will only use your personal information in accordance with our Privacy Policy and Athlete Privacy Notice. Please take some time to read the policy to understand how your personal data will be used, this can be found on the British Swimming website: <https://www.britishswimming.org/about-us/policy-documents/british-swimming-privacy-policy/>*

☐

*I have completed and returned the Athlete Privacy Notice and read the Aquatics GB Privacy Policy*

*I can confirm the above information is correct.*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (if under 18 years of age)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Please print)

**Please email this form to:  
Classification Department,  
Aquatics GB,  
[national.classification@aquaticsgb.com](mailto:national.classification@aquaticsgb.com)**

**Classification**  
**PRIVACY NOTICE**

**International Standards - Protection of Privacy**  
**PROCESSING PERSONAL DATA**

**Please complete this form in Block Capital Letters**

SURNAME ..... 2<sup>nd</sup> Initial .....

FIRST NAME .....

ADDRESS .....

.....

POST CODE .....

HOME TELEPHONE NUMBER (Including STD code) .....

MOBILE TELEPHONE NUMBER .....

EMAIL ADDRESS .....

- I hereby confirm that I have received and read the Privacy Policy from Aquatics GB (available on the British Swimming website) which sets out the information that Aquatics GB may collect and use about me and the legal basis on which it does so.

In relation to data that is not Special Category Data (defined below), I understand and acknowledge that Aquatics GB will process my personal data in accordance with the Privacy Policy and that Aquatics GB has legitimate interests and/or a legal obligation(s) and/or contractual obligation(s) for processing my data. I also understand and acknowledge that Aquatics GB will share that data with the following:

- Aquatics GB Classifiers
- HCSA – Home Country Swimming Associations
- BPS – British Paralympic Association
- IPC – International Paralympic Committee
- WPS – World Para Swimming
- Meet organisers, for example, WPS – World Para Swimming, Activity Alliance.
- Other third parties that may be listed in the Privacy Policy from time to time.

I also acknowledge that Aquatics GB Para-Swimming have a legitimate interest in using my personal data for the purpose of my involvement in Aquatics GB Classification administered by Aquatics GB Para-Swimming and that I may receive information about Classification by post, email, SMS/MMS, online (including team phone application) or phone unless stated otherwise.

For the purpose of this Privacy Notice, Special Category Data means personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the uniquely identifying a natural person, data concerning health or data concerning a natural person's purpose of sex life or sexual orientation.

**In relation to Special Category Data; I**

- ☐ Agree.
- ☐ Do not agree.

to data about my racial and ethnic origin, biometric data and health data being processed by Aquatics GB Para- Swimming, which is being maintained and shared with coaches, performance directors and members of support staff at Aquatics GB including Home Country staff and for the purpose of providing me with classification support.

By agreeing to the above I acknowledge that any medical practitioner (including, but not limited to doctors, physiotherapists sports masseurs, clinical nutritionists, nurses, psychologists and medical administrators) treating me shall be entitled to submit medical information about me by way of medical diagnostic and medical reports/letters. I understand that these electronic medical records shall only be retained for 25 years from the date of receipt.

**In relation to Special Category Data; I**

- ☐ Agree.
- ☐ Do not agree.

to data about my health and performance being shared by Aquatics GB Para-Swimming with the Aquatics GB Classification Working Group and Aquatics GB classifiers for the purpose of assessing eligibility for Para- Swimming classification

I realise that refusal to give the consents set out above will not affect my access to medical care, treatment or testing. Consent can be withdrawn at any time and only notice of its withdrawal will be released to those specified above.

**Transfers outside the European Economic Area ("EEA")**

Please note it may be necessary to share your personal data, including Special Category Data, with third parties based outside the EEA. The current members of the EEA are Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK.

This may be necessary where we use service providers to process some information who may be based on or may have sub-processors, resources or data processing facilities outside the EEA). \_ Any such transfers shall be affected in accordance with our obligations under data protection legislation with appropriate safeguards including where there are adequacy decisions, standard contractual clauses approved by the European Commission or the Information Commissioners Office ("ICO"). For example, for most companies we will enter into a data processing agreement incorporating the model contract clauses. Further, in the U.S.A. companies may be certified under the EU-U.S. Privacy Shield Framework and Swiss-U.S. Privacy Shield Framework, which ensures that your data will be processed and protected in compliance with EU and UK law and regulations. If you require further information about any protective measures in relation to such arrangements, please contact us on the details given at the end of this Notice.

If you have any questions or concerns, you should contact Aquatics GB's dedicated data protection lead via the following details:

**Ash Cox**  
**Director of Legal and**  
**Governance Email: -**  
[legal@aquaticsgb.com](mailto:legal@aquaticsgb.com)

SIGNATURE OF ATHLETE: .....

DATE .....

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**THIS SECTION BELOW MUST BE SIGNED BY THE PARENT / GUARDIAN OF ANY SWIMMER UNDER THE AGE OF 18 YEARS**

As the parent or person in loco parentis of the swimmer named above, I confirm that I have ticked the boxes relating to consent for the processing of special category data and transference inside/outside the EEA as appropriate.

SIGNED: .....

DATE: .....

This consent form should be read and signed in conjunction with the enclosed correspondence.

Please return by email **directly** to:

Classification Department, Aquatics GB  
[national.classification@aquaticsgb.com](mailto:national.classification@aquaticsgb.com)