

## 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:

<b>Step 1.</b>	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"> <li>• The FEI Classification Request Form</li> <li>• Completed and signed FEI Consent for Classification</li> <li>• FEI/IBSA Medical Diagnostic Form and any additional supporting medical documentation</li> </ul> <b>All documentation provided must be in English</b>
<b>Step 2.</b>	All documentation is forwarded by the FEI HQ to the Classification Working Group to determine if the athlete meets the Eligibility Criteria described above.
<b>Step 3.</b>	The FEI Classification Working Group will make a decision a, b, or c. <ol style="list-style-type: none"> <li>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.</li> <li>b. Approve the request (Eligible for Classification)</li> <li>c. Not approve the request (Not Eligible for Classification)</li> </ol>
<b>Step 4.</b>	The FEI will inform the NF of the final decision in writing and if the Request for Classification has not been approved the reason.
<b>Step 5.</b>	The FEI will inform the Chief Classifier of the event and ensure the classifiers have access to the medical documentation for the athlete
<b>Step 6.</b>	Athlete attends competition and undergoes evaluation by a Classification Panel and has the right to have a member of the Athlete's NF present
<b>Step 7.</b>	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.

<b>Athlete's National Federation (NF)</b>	
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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 <b>yes</b>	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.