

Application Form: Assistive Devices and Adaptations

To be completed by the NPC

Athlete Name & Family Name:			
NPC:			
Sport Class:			
Date of Application:			

[\(Click here to add a photo of the device\)](#) / Add a photo of device jpg/PDF format

Give a short description of the device:

What is the purpose of the device?:

Device is added to the standard wheelchair of the athlete

YES

NO

Device is added to the limb or body of the athlete

YES

NO

To be completed by Classification Committee Member / Chief Classifier

If the answer is YES to ANY of the questions 1 - 4 , the device is NOT allowed:

1. Does this device assist in the acceleration of the ball? YES NO
2. Does this device help to guide the direction of the ball? YES NO
3. Does this device have any mechanics to assist in the release of the ball? YES NO
4. Does the use of this device take away the effect of the impairment on the athlete's game YES NO

If All the answers to Question 1 - 4 is NO , but you can answer YES to question 5 - 7, the device is allowed

5. Does the device assist with the static trunk control of the athlete? YES NO
6. Does this device assist with the stability of the wheelchair? YES NO
7. Does this device stabilize the other limbs not used to propell the ball? YES NO

Device Approved?: YES NO INCONCLUSIVE

Reasoning why it is approved or not approved:

Athlete needs to be seen prior to competition / Further investigation is necessary YES NO

Classifier reviewing the Application:

Name & Family Name:

Role:

Medical Technical

Date:

Signature: