



Expression of Interest Form Potential Classifier

CLASSIFICATION

First Name:		Family Name:	
Address:		Post Code:	
		State:	
E-mail:			
Phone(Mob):		Phone (H):	
Profession:			
Qualification(s) :			
Which sport(s) are you interested in?			
Which disability groups have you had professional experience with?			
Please outline any relevant experience (especially with athletes with a disability):			
Have you previously attended classification training?			Yes / No
<i>If Yes, please describe:</i>			
Please state your interest in relation to classification:			
Do you have any further Questions?			

Office Use Only:
Form Received: ___/___/_____
Data Entered: ___/___/_____