



Insert Photo Here	

Paracanoe TID Form

For Office Use Only	
Date Received	Date Processed
Action	

Please fill in the details below. If a section does not apply to you please put n/a in the box. Once completed please return this form to steve.harris@gbcanoeing.org.uk or Steve Harris, Paracanoe Programme Manager, GB Canoeing, Bisham Abbey National Sports Centre, Bisham Village, Marlow Road, Bisham, Marlow, SL7 1RR

Personal Information				
Name:				
Sex:		Date of Birth:		
Telephone:		Mobile:		
Address:			Email:	
		Employment Status:		
Postcode:		Employer:		
Employer Contact details: <i>(please include line manager/ Commanding Officer name)</i>				
Passport Number:		Issuing Country:		
Date of Expiry:				
Impairment <i>(please state)</i> :				
Spinal Injury	Amputation	Neurological	Cerebral Palsy	Other
Please give further details below:				

Please give details of your previous experience in Paddlesport below. If you have an acquired disability and wish to include sporting experience both prior to and after becoming disabled please duplicate the table and fill in twice.

Previous Paddlesport Experience	
Have you previously taken part in Paddle sport? (Y/N)	
Was this in a recreational or competitive setting?	
If competitive in what paddlesport discipline and at what level?	
Please give details and date of times achieved:	
200m	Kayak Ergo:
	Canoe Ergo:
	On Water: <i>(please indicate type, make and model of craft)</i>

Please give details of your previous experience in Sport below. If you have an acquired disability and wish to include sporting experience both prior to and after becoming disabled please duplicate the table and fill in twice.

Previous Sport and Competition Experience	
Have you / are you currently taken(ing) part in competitive or elite sport? (Y/N)	
Please detail which Sport(s):	
At what level? (e.g. county / national /international)	
Please compete below:	
Number of training sessions per week:	
Length of training sessions:	
Type of training attended: (e.g. sport specific, CV, strength and conditioning)	
Please use this box to give any further details: (eg titles awarded, national /international rankings):	

Availability

If selected, you will be invited to attend the training camps listed below, please indicate if you are available for the following: *(please tick)*

14 th November 2011 – 20 th November 2011	
10 th December 2011 – 17 th December 2011	
7 th January 2012 – 14 th January 2011	
5 th February 2012 – 12 th February 2012	
3 rd March 2012 – 12 th March 2012	

Consent

I consent that photographs or video taken by authorised personnel at GB Canoeing, Canoe England or associated organisations events may be used to promote Paddlesport and help improve performance. *(please tick)*

I give permission for GB Canoeing, Canoe England and associated organisations to use the information provided above to contact me regarding Paddlesport activity. *(please tick)*

I am happy to take part in this physical testing and have cleared this with my medical advisor. *(please tick)*

If the individual filling in the form is under 18 the box below needs to be completed:

I *[insert name]* _____ give consent that photographs or video of *[insert name]* _____ taken by authorised personnel at Canoe England, GB Canoeing or associated organisations events may be used to promote Paddlesport and help improve performance.

I *[insert name]* _____ give permission to Canoe England, GB Canoeing and associated organisations to use the information provided above to contact *[insert name]* _____ regarding Paddlesport activity.

I *[insert name]* _____ give for *[insert name]* _____ to take part in the physical testing and have cleared this with their medical advisor.

If the above box has been completed the box below needs to be completed by the individual giving consent to the minor taking part.

Sign:	
Print:	
Date:	

The following pages are for office use only:

Assessment Details (if different from above)

Assessor name:	
Assessor Title:	
Assessment Date:	
Assessment Type:	
Assessment Venue:	
Assessment number: (if applicable)	
Date of Last Assessment: (if known)	

Physical Assessment**Ergo Test (if different from above)**

200m Kayak	Comments		
200m Va'a	Comments		
Arm Crank	Comments		
Med Ball Standing/Seating Throw	Comments		
Co-ordination Throw	Comments		
Dyno Press	Comments		
Dyno Pull	Comments		

Classification Results

	Predicted	Date	Final	Date
Classification:				
Classification Assessor:				

Assessment Outcome