

# AUSTRIATHLON PARA INQUIRY FORM

Please note, if you do not feel comfortable answering any question in this survey, please do not. The questionnaire is to provide AusTriathlon with the applicable information that can be used to best assist.

Athlete Details	
First Name	
Last name	
Gender	
Date of Birth	
Street address	
Suburb/Town	
State	
Postcode	
Contact phone number	
Email	
Are you an Australian Citizen?	
Are you Aboriginal or Torres Strait Islander?	
Height (cm)	
Weight (kg)	
What level of para triathlon would you like to reach?	
Do you use a wheelchair for mobility?	

Have you participated in competitive sport before?	
Tell us about your previous sport experience	
What is your medical diagnosis or health condition?	
How does your impairment affect you?	
If you acquired your impairment, which year and how did this occur?	
If you believe you have "talent", tell us why?	
Have you been classified before? If so what sports	
If under 18, parent/guardian to complete below	
Full Name	
Phone number	
Email	
Relationship to applicant	
Acknowledge	I acknowledge that by completing this form and expressing an interest in pursuing a particular sport or to get classified, that the information I have provided, including my contact details, may be shared with nominated national or state sporting organisations

For any further information please contact either Megan Hall or Brendan Sexton

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