

BRITISH CANOEING

**PARACANOE REQUEST FOR CLASSIFICATION REVIEW**

A Review request is possible for paddlers with a status NC or NRFD, when it is considered that there is a change in the paddler’s medical condition that would affect the classes allocated:

* By the paddler/parent/coach if the paddler’s medical condition have changed either by medical intervention or other
* By paddler/parent/coach where the paddler’s impairment is progressive and have deteriorated significantly that the paddler may not fit the current classes
* By the Classification Committee if the classification system is revised/modified

The outcome of a review request may be one of the following:

* There is evidence to support a review and a review will take place the earliest opportunity
* The request is declined and no review is granted
* Further medical evidence is requested for consideration

Please note:

* Recent (within the last 12 months) and relevant medical documentation must be included with this request
* Request for reviews must be submitted to British Canoeing at least 3 months prior to the commencement of the competition where classification is available

| **First Names** |  | | **Surname** | |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** |  | | **Date of Birth** | |  |
| **British Canoeing Membership number (if applicable)** | |  | |

**British Canoeing Classification:** KL1 KL2 KL3 VL1 VL2 VL3  
(please circle one)

**Classification Status:**  NC NRFD   
(please circle one)

**Reason for Review:** Change in Medical condition 🗌 Change in classification system 🗌  
(please tick one)

Description of the change in impairment (for progressive impairments, injuries) and/or details and dates of any intervention (to be completed by a health professional with relevant expertise):

|  |
| --- |

Medical documentation in support of the request attached form:

|  |
| --- |

| **Name of the person submitting the request** |  | **Date** |  |
| --- | --- | --- | --- |
| **Relationship to Paddler** |  | | |
| **Signature** |  | | |

**FOR OFFICE USE**

| **Date Classification request Received** | |  |
| --- | --- | --- |
| **Classification request received by (print name)** | |  | | |
| **Signature** |  | | **Position** |  |

Request Accepted 🗌 Request Denied 🗌

**Reason for denial:**

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