

# PAWC Request form

**The first part of this form must be completed by your doctor**

## **Personal Details:**

First name: ..... Surname: .....

Date of birth: ..... Nationality: .....

Address: ..... Zip code: .....

Residence: ..... Country: .....

## **Medical Physical / Psychiatric Diagnosis:**

.....  
.....  
.....

**Disabled since:** ..... (Date)

**circle the correct answer!**

At birth  yes /  no

As a result of illness:  yes /  no

As a result of accident  yes /  no

**Use of transport devices:**  yes /  no (by 'no' go to use of walking aids)

Electric wheelchair:  yes /  no

Scooter:  yes /  no

Other electric transport:  yes /  no

Manual Wheelchair:  yes /  no

**Use of walking aids:**  yes /  no (by 'no' go to artificial limbs)

Walker:  yes /  no

Crutches:  yes /  no

Cane (-s) (for ex. Blind cane):  yes /  no

Other walking aids:  yes /  no

**Artificial limbs:**

yes /  no (by 'no' go to other tools)

One forearm / arm / hand:

(Delete as applicable)

yes =  Left /  Right /  no

2 Forearms / arms / hands:

(Delete as applicable)

yes /  no

1 Foot / Leg /Thigh:

(Delete as applicable)

yes =  Left /  Right /  no

2 Feet / Legs / Thighs:

(Delete as applicable)

yes /  no

**Other tools, namely:**

.....  
.....

**The quality and quantity of walking and running:** (only to fill in for walking participants)

The own base-walking pace can be accelerated:

yes /  no

Running is possible:

yes /  no

While running, with maintaining the speed, a curve can be taken:

yes /  no

It is possible to keep the running for 2 minutes:

yes /  no

Are there during the walk / run balance disorders:

yes /  no

**Clear, detailed description of the handicap compared to the agility sport:**

(Why is the above person harmed if he / she would participate in the agility valid?)

.....  
.....  
.....  
.....  
.....

**Chance of recovery:**

no  partial  full

**filled in by:**

Name (doctor): .....

Address: .....

Zip code / Residence:.....

Phone number: .....

@-Adress: .....

**official stamp of the doctor:**



**The next part of the application form is filled in by the participant.**

**Competition experience:**

Only with disabled participants:  yes /  no

Only with non disabled participants:  yes /  no

Mixed not disabled and disabled participants:  yes /  no

Within your own association:  yes /  no

In your own country (where you live):  yes /  no

International:  yes /  no

**Last matches:**

Own association: ..... (Date)

Own country: ..... (Date)

International: ..... (Date)

**To this form please add:**

- A Medical certificate from your doctor
- 3 videos of **National or International matches**, not older as 1 year
- Wheelchair / scoot mobile insurance copy, if you use one at the match.

**Send this entire information to:**

**UK Team Leader = Linda Croxford to [linda@petlodge.co.uk](mailto:linda@petlodge.co.uk)**

***\*\*Please ensure you send the following altogether\*\****

***1. Application Form***

***2. Letter from Doctor or Hospital advising about your condition and how it inhibits your movement in relation to able bodied handler.***

***3. If using a wheelchair please send a copy of wheelchair insurance (indicating speed of chair)***

***4. 3 Video's in MP4 format where ever possible.***

**Team Leader will then forward to Susan Rekveld [susanrekveld@para-agility.nl](mailto:susanrekveld@para-agility.nl) for consideration of acceptability.**

**We need the COMPLETE information to take your request into process.**

**Truthfully:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)