



ADF ADAPTIVE SPORTS PROGRAM

EXPRESSION OF INTEREST

Current Serving Member

INVICTUS AUSTRALIA

The Australian Defence Force (ADF) Adaptive Sports Program (ASP) is a joint program run with Invictus Australia for current and former serving wounded, injured and ill members of the ADF. The program assists with participants' rehabilitation and recovery through sport and reintegration back into the workplace or community. The program also promotes the power of sport to the broader community. This EOI is for the Invictus Games Vancouver Whistler 2025.

EOI closes 29th May 2024 and should be sent to adf.asp@defence.gov.au

This form is an Expression of Interest only. Your attendance at any activity will be confirmed in writing.

Privacy Statement

The ADFASP resides within the Department of Defence. The ADFASP conducts sporting activities for Wounded, Injured and Ill (WII) personnel in accordance with Defence policy. The ADFASP recognises and respects your privacy and is committed to the Australian Privacy Principles set out in the Privacy Act 1988 (Cth) and manages data records in accordance with Privacy Principles, as detailed below.

How your information will be collected and to whom it will be disclosed

The EOI is an assessment of your suitability to take part in Adaptive Sporting activities and as such, requires the collection of personal data. This is done in accordance with the Australian Privacy Principals <http://www.oaic.gov.au>

Key stakeholders who will be privy to your information are:

- you directly
- Service headquarters, CMA and/or Joint Health Command
- ASP ADF medical staff and/or
- Defence data management systems.
- Invictus Australia

Your personal information will be collected by ADFASP to:

- ensure you meet the medical, Service / representational criteria to take part in ADFASP activities;
- assist in the assessment of and to monitor your ongoing suitability to take part in ADFASP activities;
- for the purpose of general control and administration by ADFASP staff;
- to clarify your medical status; and/or
- to assist in the assessing of your requirements while taking part in ADFASP activities

The ADFASP will not use or disclose your personal information to any other person or organisation, other than those listed above, unless:

- it would reasonably be expected by you that such a disclosure would occur and the disclosure is related to the ADFASP activity in which you are involved; and/or
- you agree to your details being released to a Member of Parliament (MP) should it be requested by the office of that MP for contact purposes only; and/or
- you agree to your details being provided to media (through ADF Public Affairs Officer) upon request; and/or
- A 'permitted general situation' exists in relation to the use or disclosure of the information.

Note: A 'permitted general situation' is defined in the Privacy Act 1988 (Cth).

Form Completion Guidance

This form can be completed electronically or printed in hard copy. Adobe Acrobat Reader is the recommended Application to complete this form. Applicants are to complete Part one, Part two requires completion by Supervisor and Commander, Part three to be completed by Medical Officer. Upon completion of all sections, please forward the EOI to adf.asp@defence.gov.au. **NOTE: Your application will not be accepted if all sections are not complete**

I have read, understood, and agree to the terms as detailed above. -

I give permission for ADFASP staff to conduct a service history check. -

Signature:

Date:



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Part One - To be completed by applicant (NOTE: Notify ADFASP of any changes)

Employee ID	Rank	Family name	Home unit	Date of birth
First name			Forecast discharge date (if applicable)	SERCAT
Residential address				
Primary email address			Contact number:	
Service history (include current role)				
Medical category	DVA Reference Number (if applicable)			
List any previous Adaptive Sport events you have participated in:				
List any sports/clubs or associations you are currently involved in (including level):				



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Provide a personal statement outlining how this activity will support your ongoing recovery, rehabilitation, or reintegration goals:

Are you able to commit to attending Adaptive Sports events including team camps in July, September and November 2024 (exact dates TBC), and Invictus Games 6-18 February 2025?

Do you have domestic or work responsibilities that could impact your participation?

Signature:

Date:



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Note: Unlike many traditional sports, the Adaptive Sports Program is focused on recovery, rehabilitation and reintegration following physical and psychological injury or illness. Such a focus brings a unique set of challenges including but not limited to a reduced focus on performance or outcomes such as medals.

Sport information		
Nominate your sporting preferences		
Sport	1 - 9	comments
Indoor rowing (one minute sprint, four minute endurance)		
Sitting volleyball		
Swimming		
Alpine Skiing & Snowboarding		
Skeleton		
Nordic Cross-Country Skiing & Biathlon		
Wheelchair basketball		
Wheelchair rugby		
Wheelchair curling		



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Part Two - To be completed by applicant's Unit Supervisor and Unit Commander

Unit supervisor statement

Employee ID	Rank	Family name	Given name

Please answer below:

Has the member made a positive effort towards rehabilitation?	
Will the member be a sound representative of the ADF if selected for the activity?	
Has the member consulted a PTI regarding training for the activity?	
Does the member have any DFDA action pending?	
Does the member require any specialised support for physical or mental conditions?	
Has the member attended any ADF sponsored activities previously?	
Are the member's family circumstances conducive to allow participation?	
Would the member be approved 'work release' to participate in training camps and the activity itself?	

Please expand further on the above if required:

Signature:

Date:

Unit Commander Approval

Employee ID	Rank	Family name	Given name

Is the member cleared to undertake media engagement activities in relation to their participation in the program?

-

Comment:

Signature:

Date:



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Part Three – To be completed by applicant’s Medical Officer

Does the applicant have;

	Y	N	Comments
A service related injury or illness;	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health concerns;	<input type="checkbox"/>	<input type="checkbox"/>	
Trauma	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Depressive	<input type="checkbox"/>	<input type="checkbox"/>	
Other;	<input type="checkbox"/>	<input type="checkbox"/>	
Pain management issues	<input type="checkbox"/>	<input type="checkbox"/>	

Does the applicant require;

A service animal;	<input type="checkbox"/>	<input type="checkbox"/>	
Full time carer;	<input type="checkbox"/>	<input type="checkbox"/>	
Wheelchair;	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective lenses for athletic events;	<input type="checkbox"/>	<input type="checkbox"/>	
Specialised/protective clothing;	<input type="checkbox"/>	<input type="checkbox"/>	

Mental health conditions

Is there a mental health professional actively supporting the applicant? YES NO

Psychologist Psychiatrist Other

Are there elements of the condition that may need to be considered if the applicant was to be successful to compete in an international multi-sport event in another country:

		Comments
Bright flashing lights	<input type="checkbox"/>	
Loud noises	<input type="checkbox"/>	
Geographical isolation	<input type="checkbox"/>	
Shared sleeping arrangements	<input type="checkbox"/>	
Competitive environment	<input type="checkbox"/>	
Isolation from normal supports	<input type="checkbox"/>	
Crowds	<input type="checkbox"/>	
Team environment	<input type="checkbox"/>	
Anger	<input type="checkbox"/>	



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Part Three Cont. – To be completed by applicant’s Medical Officer

Sport participation – medical clearance

Is the applicant physically and mentally capable of participating in the following:

Sport	Y/N	comments
Indoor rowing (one minute sprint, four minute endurance)		
Sitting volleyball		
Swimming		
Alpine Skiing & Snowboarding		
Skeleton		
Nordic Cross-Country Skiing & Biathlon		
Wheelchair basketball		
Wheelchair rugby		
Wheelchair curling		

Medical Officer approval

Employee ID	Rank	Family name	Given name
Unit	Appointment	Email	Contact number
Comment:			
Signature:			Date:

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