



ADF ADAPTIVE SPORTS PROGRAM

EXPRESSION OF INTEREST

Former Serving Member

INVICTUS AUSTRALIA

The Australian Defence Force (ADF) Adaptive Sports Program 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 close 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, Medical Practitioner to complete Part two, and a Sports Club Referee to complete Part three. 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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To be completed by applicant (NOTE: Notify ADFASP immediately upon any change in circumstances)

Former service number	Previous rank	Name	Date of birth
			Gender

Service history:

Residential Address

Email address Contact Number:

Medical category upon discharge	DVA Reference Number (if applicable)
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Reason for discharge and date of discharge

Service-related injuries and or illness



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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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Have you previously been a part of the ADF Adaptive Sports Program (competitor, coach, staff member), the Invictus Pathways Program, or participated in other Invictus Australia or Invictus Games Foundation events or programs, either in Australia or overseas? Please provide details:

List any sports/clubs or associations you are currently involved in (including level):

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?

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

Signature:

Date:



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Part Two – To be completed by applicant’s nominated Health Care Practitioner

Applicant information

Family name	Given name	Gender	Date of birth

Applicant must be cleared by their health care practitioner to participate in any ADF Adaptive Sport Program activity. Applicant will undergo further categorisation before the activity.

Current Medical Condition/Diagnosis

Please indicate category of injury or illness:

Single Leg Amputee	AK	BK	Traumatic Brain Injury	Trauma Related Disorder
Double Leg Amputee	AK	BK	Leg Impairment	Anxiety Related Disorder
Single Arm Amputee	AE	BE	Arm Impairment	Depressive Disorder
Double Arm Amputee	AE	BE	Spinal Cord Injury	Other Mental Health Disorder
Visual Impairment			Hearing Impairment	Other (please provide further information)

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 participate in an international multi-sport event in another country:

Bright flashing lights	<input type="checkbox"/>	Comments
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 two continued – to be completed by applicant’s nominated Health Care Practitioner

Condition/Diagnosis 1

Permanent	Non-permanent	Congenital	Acquired date of condition
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Please provide full details of condition:

Condition/Diagnosis 2

Permanent	Non-Permanent	Congenital	Acquired Date of condition
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Please provide full details of condition:

Condition/Diagnosis 3

Permanent	Non-permanent	Congenital	Acquired date of condition
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Please provide full details of condition:



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Condition/Diagnosis 4

Permanent	Non-Permanent	Congenital	Acquired Date of condition
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Please provide full details of condition:

Current medications (including occasional and over the counter medications)

Medication name	Strength/dose	Instructions for use

Allergies: List any allergies the applicant may have

Participation

I confirm I have discussed with the member and cleared them to participate, knowing this may require up to six hours of physical activity per day:

YES

NO

Is the member fit to undergo instruction and undertake supervised sports activities (adapted for disabilities)?

YES

NO

Is the member medically fit to fly economy travel for up to 24 hours?

YES

NO



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Part two continued – To be completed by applicant’s nominated Health Care Practitioner

Does the applicant:

	Y	N	Comments
Have pain management issues;	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	

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		

Nominated Health Care Provider:

Full name	Provider No:	Date
Address		
Email address	Contact number:	
Signature:		
Comments:		



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Part three – To be completed by applicant’s Sports Club Referee

Name of club

Sport applicant participates in

Referee name

Position in Club

How long have you known the applicant:

How long has the applicant been part of the club:

Comments on applicants’ suitability

Email address:

Contact number:

Signature:

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