

World Para Powerlifting Classifier Courses - Participant Application Form

Course Location:		Course Dates:	
Last Name:			
First Name(s):			
Nationality:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
NPC:		Date of Birth:	
Email:		Phone:	
Full address:			
Level of English:			
Speaking	Reading	Writing	
Digital Photograph attached:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scanned Medical/Physiotherapy qualification attached:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
CV of the last 4 years activity in Powerlifting or other Lifting disciplines attached (if applicable):		<input type="checkbox"/> Yes	<input type="checkbox"/> No

NPC Endorsement:

All applications must be endorsed by your National Paralympic Committee:

NPC Contact Name:			
Role:			
Signature:		NPC Stamp:	
Date:			

NOTE: All applications must be completed fully and returned by no later than four (4) weeks prior to the start date of the course to World Para Powerlifting at Dillon.Richardson@WorldParaPowerlifting.org.