



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 2024 Warrior Games in the USA, and/or Invictus Games Canada 2025.

EOI close 15 December 2023 and should be sent to adf.asp@defence.gov.au

This form may be used for any Domestic or International Adaptive Sports Program

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 Principles <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, then forward to your Medical Practitioner to complete Part two. Upon completion of all sections, please forward the EOI to adf.asp@defence.gov.au.

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

-

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

-



ADF ADAPTIVE SPORTS PROGRAM

EXPRESSION OF INTEREST

Former Serving Member

**INVICTUS
AUSTRALIA**

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.

Indicate events you would like to be considered for:

USA Warrior Games (Florida June 24)		
Invictus Games (Canada Feb 25)		
Domestic events		

Sport information

Nominate your sporting preferences

Sport	1 - 12	comments
Archery (recurve and compound) (Warrior Games only)		
Athletics (track and field. ambulant and chair) (Warrior Games only)		
Cycling (road bike, recumbent bike, hand cycle) (Warrior Games only)		
Shooting (air rifle/pistol) (WG only)		
Indoor rowing (one minute sprint, four minute endurance)		
Power lifting (bench press) (Warrior Games only)		
Golf (WG only)		
Sitting volleyball		
Swimming		
Wheelchair basketball		
Wheelchair rugby		
Winter disciplines (Alpine Skiing & Snowboarding, Skeleton, Nordic Skiing, Wheelchair Curling) (Invictus Games only)		



ADF ADAPTIVE SPORTS PROGRAM EXPRESSION OF INTEREST Former Serving Member

INVICTUS AUSTRALIA

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)
---------------------------------	--------------------------------------

Reason for discharge and date of discharge

Service-related injuries and or illness



ADF ADAPTIVE SPORTS PROGRAM EXPRESSION OF INTEREST Former Serving Member

INVICTUS AUSTRALIA

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, 1-4 March, 3-6 May and 17 June through to the Warrior Games 22-30 June 2024, and return travel arriving 3 July? Invictus Games dates and pre camps have not been finalised but will follow a similar format.

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

It is expected that at times participants share accommodation with other participants. Please raise any rooming requirements and concerns further during your selection interview.



**ADF ADAPTIVE SPORTS PROGRAM
EXPRESSION OF INTEREST
Former Serving Member**

**INVICTUS
AUSTRALIA**

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

Signature:

Date:



ADF ADAPTIVE SPORTS PROGRAM

EXPRESSION OF INTEREST

Former Serving Member

INVICTUS AUSTRALIA

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:

		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"/>	



**ADF ADAPTIVE SPORTS PROGRAM
EXPRESSION OF INTEREST
Former Serving Member**

**INVICTUS
AUSTRALIA**

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

Condition/Diagnosis 1

Permanent	Non-permanent	Congenital	Acquired date of condition
-----------	---------------	------------	----------------------------

Please provide full details of condition:

Condition/Diagnosis 2

Permanent	Non-Permanent	Congenital	Acquired Date of condition
-----------	---------------	------------	----------------------------

Please provide full details of condition:

Condition/Diagnosis 3

Permanent	Non-permanent	Congenital	Acquired date of condition
-----------	---------------	------------	----------------------------

Please provide full details of condition:



ADF ADAPTIVE SPORTS PROGRAM

EXPRESSION OF INTEREST

Former Serving Member

INVICTUS AUSTRALIA

Condition/Diagnosis 4

Permanent	Non-Permanent	Congenital	Acquired Date of condition
-----------	---------------	------------	----------------------------

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



ADF ADAPTIVE SPORTS PROGRAM

EXPRESSION OF INTEREST

Former Serving Member

**INVICTUS
AUSTRALIA**

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:

	Y	N	Comments
Archery (recurve and compound)	<input type="checkbox"/>	<input type="checkbox"/>	
Athletics (track and field. ambulant and chair)	<input type="checkbox"/>	<input type="checkbox"/>	
Cycling (road bike, recumbent bike, hand cycle)	<input type="checkbox"/>	<input type="checkbox"/>	
Shooting (air rifle/pistol)	<input type="checkbox"/>	<input type="checkbox"/>	
Golf	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor rowing (one minute sprint, four minute endurance)	<input type="checkbox"/>	<input type="checkbox"/>	
Power lifting (bench press only)	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	
Wheelchair Basketball	<input type="checkbox"/>	<input type="checkbox"/>	
Wheelchair Rugby	<input type="checkbox"/>	<input type="checkbox"/>	
Nordic Disciplines (Alpine Sking & Snowboarding, Nordic Skiing, with Biathlon, Skeleton, and Wheelchair Curling)	<input type="checkbox"/>	<input type="checkbox"/>	



ADF ADAPTIVE SPORTS PROGRAM

EXPRESSION OF INTEREST

Former Serving Member

**INVICTUS
AUSTRALIA**

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

Name of club

Sport applicant participates in

Referee name

Position in club: Administrator Coach Teammate Umpire Other

How long have you known the applicant:

How long has the applicant been part of the club:

Roles undertaken in the club

Competitor Coach Administrator Maintenance Fundraiser Committee member

Umpire Helper for other divisions or age groups Other –

Comments on applicants’ suitability:

Email address:

Contact number:

Signature:

EOI close 15 December 2023 and should be sent to adf.asp@defence.gov.au