



# ADF ADAPTIVE SPORTS – EXPRESSION OF INTEREST 1

## Current Serving Member

*This form is to be used for both Domestic and International ADF Adaptive Sports Programs*

*(ADFASP) The form is an Expression of Interest (EOI) only.*

*Applicants are to submit completed Parts 1, 2 and 3 to [adf.asp@defence.gov.au](mailto:adf.asp@defence.gov.au).*

*Your attendance at any activity will be confirmed by ADFASP 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.*

*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 the 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 via computer or hand held device (tablet/phone) or printed in hard copy.*

*Adobe Acrobat Reader is the recommended Application to complete this form.*

*Applicants are to complete Parts 1, and 2 (if applicable), then forward to your Unit Commander for completion of Part 3. Upon completion of Parts 1-3 please return the EOI to [adf.asp@defence.gov.au](mailto:adf.asp@defence.gov.au). ADF Sports Cell will forward Part 4 to the Service Career Management Agency to complete a Service suitability check and confirm MEC status, before the application is forwarded to the Selection Panel for consideration.*

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

Signature

Date



# ADF ADAPTIVE SPORTS - EXPRESSION OF INTEREST

## Current Serving Member

PART 1 - To be completed by the applicant (NOTE: You are to notify the ADFASP immediately upon any change in circumstances)

### Nominee Information

PMKeyS	First Name	Last Name	Gender	Rank	Date of Birth

### Serving Status

#### Current Serving

Service	Service Category
Forecast Discharge Date (if applicable)	DVA Reference no. (If applicable)

### Contact Information

Residential Address	Primary Email address (personal email preferred)	Best contact phone no.

### Sport Information

Number 1(highest)-12(lowest) the below sport/s you would like to be considered for?

Sport	1 to 12	Comments
Archery (recurve and compound)		
Athletics (track and field)		
Cycling		
Shooting (air rifle/pistol)		
Indoor Rowing		
Powerlifting		
Sitting Volleyball		
Swimming		
Wheelchair Basketball		
Wheelchair Rugby		
Wheelchair Tennis		
Nordic Disciplines (see DEFGRAM)		

Indicate ASP Events which interest you (tick required)	List any previous ASP Events you have participated in
US Warrior Games	
Invictus Games	
Canadian Allied Winter Sports Camp	
Domestic events	

List any sport/s, clubs or Associations you are currently playing-competing in.(include level)

A personal statement outlining how this activity will support any ongoing recovery, rehabilitation or reintegration goals / outcomes

Signature:

Date:



**Part 2:** To be completed by applicant's supporting ESO (if applicable)

**Nominee Information**

First Name	Last Name	Date of Birth	Rank

**Comment:**

Signature:		Position:	Date:
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Printed Name:		Organisation:
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**Unit Supervisor Statement**

**Part 3: To be completed by applicant's Unit Supervisor / Commander**

**Nominee Information**

PMKeyS	First Name	Last Name	Date of Birth	Rank

Please answer below:

<i>Has the member made a positive effort towards their rehabilitation?</i>	
<i>Will the member be a sound representative of the ADF if they are selected for the activity?</i>	
<i>Has the member consulted a Fitness Advisor (PTI) regarding training for this activity?</i>	
<i>Does the member have any DFDA action pending?</i>	
<i>Does the member require any specialised support for physical or mental conditions?</i>	
<i>Has the member attended any ADF sponsored WII activity previously? (eg Invictus Games)</i>	
<i>Are the member's family circumstances conducive to allow participation in the activity?</i>	
<i>Dates pending, would the member be approved 'work release' to participate in training camps and the activity itself?</i>	

**Comment:** Please expand further on the above should it be required.

Signature:		Position:	Date:
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Printed Name:		Rank:
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**Unit Commander Approval**

**Comment:**

Signature:		Position:	Date:
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Printed Name:		Rank:
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**ADF ADAPTIVE SPORTS – EXPRESSION OF INTEREST  
CMA or Single Service Authority and MEC Confirmation –  
Current Serving Member**

**Part 4: To be completed by single Service Endorsing Agency**

**Nominee Information**

PMKeyS	First Name	Last Name	Gender	Rank	Date of Birth

**SERCAT:**

**Service Check:**

<i>Is the member currently under any Administrative or DFDA action?</i>	
<i>Has the member received any adverse comments in the previous two years' reporting?</i>	
<i>Does the member's reporting history indicates potential for reputational risk to Defence?</i>	

**Comment:**

<b>MEC Status</b>		<b>MEC Type:</b>		<b>Date MEC Status Confirmed:</b>	Select
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List Restrictions:

<b>Next PHE Due:</b>	Select	<b>Next MEC review Due:</b>	Select
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<b>Discharge date (if pending):</b>	Select
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**Comment:**

*\*Part 4 Service acknowledgment/endorsement confirms that appropriate selection processes have been conducted and the respective Service will provide support to the nominee. Combined selection trials and training camps will be advised separately for successful applicants.*

**Sponsor / Authorised endorsing agency**

<b>Signature:</b>		<b>Date:</b>	Select
<b>Printed Name:</b>		<b>Rank:</b>	
<b>Telephone:</b>		<b>Email:</b>	

**Part 5: Selection Panel Endorsement (Office Use Only)**

**Applicant approved to continue with selection process:**

<b>Panel Chairperson Signature:</b>		<b>Date:</b>	Select
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<b>Panel Chairperson Printed Name:</b>		<b>Comment:</b>	
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