This form can be completed by someone who is professionally experienced in what does and does not constitute an intellectual (learning) disability and who is well acquainted with the person named below if there is no copy evidence or letter that can be obtained and attached. For example a Psychologist, Doctor, Head Teacher, local learning disability team advisor (local authority), Manager of a care home, CEO of an intellectual (learning) disability specific organisation or Social Worker.

**Athlete Eligibility Endorsement Form**

Accredited Programme Name:

Name of individual applying for membership:

Name of Person completing this form:

Role / Occupation:

Organisation name:

Organisation Address & Post Code:

Telephone Number:

Email Address:

Length of time individual known to the person completing this form: \_\_\_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_\_\_\_\_months

I can confirm that (please check):

I have read the Special Olympics GB Eligibility Criteria

I understand the Special Olympics GB Eligibility Criteria

The above named athlete DOES have an intellectual disability as defined in the Special Olympics GB Eligibility Criteria.

The above named person DOES NOT meet the Special Olympics GB Eligibility Criteria

Please give more information about why you believe the athlete does OR does not meet the criteria. Please include any confirmed diagnosis, outline of support needs and impact on development, i.e. cognitive, language, motor and social abilities (and attach copies of any further relevant information if required):

|  |
| --- |
|  |

Signature of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the Eligibility Officer for the above named accredited programme, who should then forward a copy along with a completed SAM form to Special Olympics GB National Office.**