|  |  |
| --- | --- |
|  | **EXPRESSION OF INTEREST TO BECOME A****LEVEL 1 CLASSIFIER** |

Please fill out this form if you are interested in becoming a World ParaVolley classifier. Please refer to the World ParaVolley Classification Page under the “medical” tab [www.worldparavolley.org/classification/](http://www.worldparavolley.org/classification/) for more information about becoming a classifier.

**Please send this form to our Central Registry at:**

**classifiereducation@worldparavolley.org** **and**

**cc:** **medicaldirector@worldparavolley.org**

**Please also send a copy of this form to your respective Zone Head of Classification from the chart below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PARAVOLLEY AFRICA** | **PARAVOLLEY EUROPE** | **PARAVOLLEY ASIA-OCEANIA** | **PARAVOLLEY** **PAN-AMERICAN** |
| TINA SACHS | MAIJU MARJAMAKI | DR. JINZHONG MA | SARO KERESTECIYAN |
| South Africa | Finland | China | Canada |
| Email: tina.classification@gmail.com | Email:maiju@paravolley.eu | Email:majinzhong007@sina.com | Email:datamanager@worldparavolley.org |

If you are interested in becoming an International World ParaVolley classifier, it will require participation in classification courses to learn the classification rules and a time commitment for assisting with classification in your area.

|  |
| --- |
| Name:      |
| Address:      |
| Phone number:      | Mobile number:      |
| Email:      | Profession[ ] Physiotherapist [ ]  Medical Doctor |
| Team Affiliation, if any:      |
| Experience in Volleyball, ParaVolley or other sports for persons with disabilities: |       |
| Number of years in ParaVolley or other sports listed above |       |
| In your profession, please describe your main areas of experience or specialization |       |
| What do you hope to do with your L2 training once completed? |       |

We hope that you will consider this opportunity to become involved in World ParaVolley. It is an exciting sport!